

Health Education Program Request Form

Mail or submit completed forms to **Health Promotion** at **102 Crawford**. We will respond within five days of receiving your completed request. Please plan ahead and try to submit requests two weeks prior to your preferred presentation date. Program arrangements will depend on the availability of presenters and the topic requested. Call 323-2206 ext. 6175 with questions.

Topic Requested: _____

Preferred Date(s) and Time: _____

Location: _____

Person Requesting: _____

Contact Information:

Phone: _____ Email: _____

Goal(s) of the program/What you would like the audience to learn/experience:

Target Audience: _____

Expected Number: _____

Cancellation Policy: We will contact you 48 hours prior to requested program to confirm details. You will be charged a \$25.00 cancellation fee if you cancel less than 48 hours before the scheduled event, or if either the program organizer or the intended audience does not show up (“No Show Policy”).

Organization/Department & Account Number (only charged if cancelled—See cancellation policy above):

For Office Use Only:

Date Received: _____ Date Responded Back: _____ Confirmed: _____

Assigned Presenter(s): _____

Presenter Contacts: _____

Materials Needed: _____

Notes/Evaluation: