



OUTREACH REQUEST FORM

Today's Date: _____ Submitted By: _____

Department/Organization: _____

Contact Person's Name: _____

Contact Person's Phone #: _____ Contact Person's E-mail: _____

Dates and Times Presentation May Be Given:

	Date	Time
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Location of Presentation: _____

Length of Presentation: _____

Number of Participants Expected: _____

A/V Equipment Available?

Yes:

No:

Upon Request:

Structure/Flexibility of Room:

Moveable Chairs:

Moveable Tables:

Moveable Desks:

Stadium Seating

Composition of Participants Expected (e.g. staff, faculty, students, etc.):

In Contact Person's experience, please describe how interactive participants are during presentations:

Topic(s) to be Addressed (please be specific):

Goals of Presentation / Desired Learning Outcomes / Needs of Participants:

Note: Health and Wellness Center will make every attempt to meet your request. The likelihood of honoring your request is increased significantly if there are multiple dates and times available for us to choose from and if you **submit your request 4 or more weeks in advance (6 weeks if you are making an evening or weekend request), particularly during periods of high need (i.e. midterms, finals)**. Please contact Jill Kapil, Psy.D., Licensed Psychologist, or Rebecca Barnard, R.N., MSN, Health and Wellness Center Coordinator, via email at SACHealth_Center@sac.edu or via phone at (714) 564-6216 with any questions. Thank you.