



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:

Zoom/Virtual:

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. Please email completed form to SAC Health and Wellness Center (SacHealth_Center@sac.edu). Please contact Jill Kapil, Psy.D., Licensed Psychologist, or Rebecca Barnard, DNP, RN, APRN, CNS, Health and Wellness Center Coordinator, via email at (SacHealth_Center@sac.edu) or via phone at (714-564-6216) with any questions. Thank you.