



## 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 us via email at (SacHealth\_Center@sac.edu) or via phone at (714-564-6216) with any questions. Thank you.