



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 & Wellness Center will make every attempt to meet your request. Please provide multiple dates and times available for us to choose from, and submit your request 4 or more weeks in advance. Please contact *Jill Kapil, Psy.D., Licensed Psychologist*, or *Rebecca Barnard, DNP, 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.