

## Health Education Program Request Form

Mail or submit completed forms to **Wellness Services** 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: