

PRESENTATION REQUEST FORM

Today's Date: _____

Contact Person: _____

Phone: _____ E-mail: _____

University Affiliation/Position: _____

Office Use Only

Received: ____ Initial: ____

Confirmed: ____ Initial: ____

Assigned to: _____

General Descriptions of Topic Requested (Please include both key themes AND specific issues you would want addressed):

Who Will Attend: _____

Estimated Number Expected: _____

Desired Date/Day: _____ **Desired Time of the Day:** _____

Location of Presentation: _____

Desired Length of Presentation: _____

Specific Comments/Requests: _____

Please return the completed form to:

The Counseling Center
University of Maryland, Baltimore County
Student Development and Success Center 117
Tel: (410) 455-2472 Fax: (410) 455-2399