PRESENTATION REQUEST FORM

Today’s Date: ________________________
Contact Person: ______________________
Phone: ____________ E-mail: ________________________________
University Affiliation/Position: _______________________

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