

WELLNESS SUITE – PRESENTATION REQUEST FORM

Name: _____ Phone: _____

Email: _____ Date: _____

Requesting: Existing Presentation New/Customized Presentation

Presentation/Topic: _____

First Choice Date & Time: _____

Second Choice Date & Time: _____

Amount of Time Available for Presentation: _____

Location for program: _____

Does location have a projector and laptop hook-up? Yes No

Can the location accommodate PowerPoint (i.e. screen or blank wall)? Yes No

Is this event open to the UM community? Yes No

Organization/Class/Residential College: _____

Expected Audience Size: _____
(minimum of 10 people unless arranged otherwise)

Short description of audience: _____
(i.e. male/female; year; etc.)

Additional comments or requests: _____

Please allow a minimum of 2 weeks to notify the Wellness Suite Staff of programming requests.

If you have questions, please call (305) 284-LIFE.