

OUTREACH SERVICE REQUEST FORM

Today's Date: _____ Form Submitted By: _____

Department/Organization: _____

Contact Person(s): _____

Name	Building/Room No.	Extension/Phone No.
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Name	Building/Room No.	Extension/Phone No.
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Date(s) and Time(s) of Service: First Choice: _____

Date	Time
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Second Choice: _____

Date	Time
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Third Choice: _____

Date	Time
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Location of Service: _____ Number of Participants Expected: _____

Building/Room No.

Participant(s) Special Needs: _____

Do you have a facilitator preference? No Yes If YES, specify: _____

Type of Service:

<input type="checkbox"/> Consultation	<input type="checkbox"/> Workshop
<input type="checkbox"/> Presentation	<input type="checkbox"/> Training
<input type="checkbox"/> Meeting	<input type="checkbox"/> Other (specify): _____

Topic(s)/subject(s) to be addressed (please specify): _____

Purpose of the requested service (e.g., goals, what you hope to accomplish, needs of participants):

Expected composition of the participants (e.g., faculty, staff, students, residents):

We will attempt to honor your service request. However, due to limited resources and/or the possible unavailability of staff during the requested date(s)/times(s), we cannot guarantee every request. The likelihood of honoring your request is increased significantly if there are alternative dates and times, and if you submit the request at least three (3) weeks in advance. If you have any questions, please call CAPS at (909) 869-3220. Fax No.: (909) 869-6775.