William Paterson University
Counseling, Health, and Wellness Center

Request for Outreach Presentation

Date ____________________________

Name of contact person: ___________________________________________

Phone: ____________________________________________________________

Email: ____________________________________________________________

<table>
<thead>
<tr>
<th>Name of class or group</th>
<th>Preferred date and time for the presentation</th>
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<tbody>
<tr>
<td>Expected number of participants</td>
<td>Location</td>
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Description of the requested presentation (Include any specific topics or questions you would like the presenter to address.)

Information taken by:  Assigned to:

__________________________  ________________________________