

OSFA Outreach Event Request Form

Name:

Event Location:

Phone Number:

Ext:

Email:

Event Address:

What type of school or organization do you represent?

Title of Event:

Date of Event:

Start Time:

End Time:

a.m.

a.m.

p.m.

p.m.

Room or Area:

Who is your audience?

Please select one or more of the following outreach requests:

Attendees Expected:

Workshop/Presentation

Information Table

Other (please specify in special request box)

PowerPoint Presentation

UNI Class

Is this event open to the public?

If Yes, select one or more:

Computer/Laptop

Internet

Projector

Screen

Microphone

Copier

Will you provide technical support?

Yes

No

Special requests or additional information:

CLICK BOX BELOW TO SUBMIT