

## **Workshops Upon Request**

Date:	
Name of department or college requesting present	ation:
Which presentation are you requesting?	
What need are you trying to address with this prese	entation?
When would you like the training? (Workshop date of SIX weeks after a request has been submitted.)	es are typically scheduled for a date that is a minimum
Proposed Location:	
Number of Expected Faculty Attendees: (15 faculty minimum)	
Do you anticipate non-faculty attendees?	
Name of co-facilitator provided by host unit:	
Email:	Phone:
Name of organizer (if different).	
Email:	Phone: