Office of Counseling and Disability Services

Request for Presentation or Workshop

To ensure our availability, we require that requests be made three weeks in advance of the anticipated event date.

Request Date

________________________

Requesting Entity

Registered Student organization

CAU Campus Department

CAU Academic Department

Table event or Presentation

___ Tabling

___ Presentations

___ Emotional Support

___ Printed Information

___ Panel discussion

Person Making Request

Full Name: ____________________________________________________________________________

CAU email address: _____________________________________________________________________

Department/Organization Name: ___________________________________________________________________

Position: ________________________________________________________________________________

Phone Number: __________________________________________

Proposed Event Date:

________________________________________________________________________________________

Event Location: __________________________________________________________________________

Event Start time:

______ am/pm
Event End Time:

_______ am/pm

Program Topic:

___ Anxiety
___ Mindfulness
___ Grief Loss
___ Depression
___ Intimate Partner Violence/Domestic Violence
___ Self-Care/ Stress Management
___ Substance Use
___ Suicide/Self Harm
___ Other Please describe:

Please describe how you would the Counseling Center to be involved and your goal(s) for this event:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________