

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: _____
