Name: ____________________________ Date: _____________________________

Class/Organization/Group: ______________________________________________

Contact Phone: _______________________________________________________

Date & Time Requested (start time no later than 7:00 PM): _________________

Program Requested/Health Topic: ________________________________________

Presenter Requested:
___ Health Educator
___ Peer Health Educator
___ Either
(Peer Health Educators are trained students & the Health Educator is on a professional on staff in SHS.)

Please describe specifically what you will want to be covered:______________
________________________
________________________

Any special requests:____________________________________________________
________________________
________________________

Program Location: _____________________________________________________

Some audio/visual equipment maybe necessary; will the location be conducive to such equipment?   ___ Yes ___ No

Approximate number of participants: ____________

Please fax, email, or drop off this form no later than one week prior to event.

Sarah Williams
Student Health Services
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Fax: 706-864-1448