

TO BE COMPLETED BY PERSON REQUESTING PRESENTATION:

Name:		Date:	
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Best way to contact:	<input type="checkbox"/> Office phone:
	<input type="checkbox"/> Cell phone:
	<input type="checkbox"/> e-mail:

Topic requested:	
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Specific goals and any other details:	
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Date and time preferred:	1)	
Two alternate dates:	2)	3)

Location:		Is PowerPoint available:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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# of participants expected:		Length of presentation:	
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TO BE COMPLETED BY UCC PRESENTER:

Presenter's name:		Total prep time:	
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Date of presentation:		# of participants:	
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Summary (feedback and outcomes):	

Please attach any written feedback you receive (evaluations, emails, etc)