

Center for Health Promotion WORKSHOP REQUEST FORM

FOR OFFICE USE:

Date workshop assigned: _____

Workshop date: _____

#1 _____ (contact person to call RA and Outreach Coordinator)

#2 _____ (responsible for material pick-up)

Today's date: _____

Name: _____

Phone: _____ E-mail address: _____

Sponsoring organization: _____

First choice workshop: Booze Newz Sex Pictionary Drug Jeopardy

Second choice workshop: Booze Newz Sex Pictionary Drug Jeopardy

Date requested (must be at least two weeks from today's date):

First choice: _____ Second choice: _____

Day of week: _____ Day of week: _____

Time: _____ Time: _____

Workshop location: _____ (A peer educator will verify the date)

Number expected to attend: _____

**When you're finished, save this form
and e-mail it to phe@uhs.umass.edu**

