

Program Request for HAWKS Peer Health Educator

Please mail or take your completed form to the Health Education Office. We will respond to your request within 3 days of receiving your completed Request Form. We're located in 102 Health Services Center, in the same building as the Student Health Service, and our phone number is 529-8544.

Topic Requested:

Preferred Date(s) and Time:

Location:

Person Requesting:

Contact Information (Phone, e-mail)

Goal(s) of the Program: What would you like the audience to learn or experience?

Target Audience and Anticipated Number:

Organization Account Number: (to be charged if the program is cancelled—see Cancellation Policy below)

Cancellation Policy: We will call you 48 hours in advance of the program to confirm details. We retain the right to charge a cancellation fee if you cancel less than 48 hours in advance of the scheduled, or if at the scheduled day and time of the program, either the program organizer or agreed upon audience number does show up ("No Show Policy"). The Cancellation Fee is \$25.00 and is charged at our discretion unless extenuating circumstances can be shown."

Office Use only:

Received _____ Responded back: _____

Assigned to: _____

Final confirmation _____

Evaluation: