|  |  |  |  |
| --- | --- | --- | --- |
|  | CAPS Outreach Form |  |  |
|  |  | |  |
|  | |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Today’s Date:** |  | **Name:** | | | | | | | | Contact Number: |  | Name of Club/Organization/Class you are representing | | | | | | | | **Requested CAPS Presenter:** | | | | |  | **Preferred Date/Time of Presentation or Program:** | | | | Location of the Presentation or Program:  How many people are you expecting to attend: | | | | |  | Who will be introducing the presenter: | | | | Description of the Presentation or Program: | | | | |  | What are the desired outcomes of this Presentation or Program: | | | | How will this Presentation or Program be publicized: | | | | |  | Has the publication for this Presentation or Program been approved and if so by whom: | | | | Office Use Only | | | | | | | | | | **Date Request received:** | | |  | **Date Request reviewed:** | | |  | **Requested Presenter:** | | **Date of contact by the presenter:** | | |  | **Resources needed:** | | |  | **Date and Time of the Presentation or Program:** |   **NOTES** | |  |