Please provide the information requested below if you are interested in having OCS provide a presentation.

Your Name: ___________________________________________  Date: ____________________

Organization/Residence Hall: ___________________________  Phone: ____________________

Topic/Title of Desired Program: _________________________________________________

Your Expectations for the Program: ______________________________________________

________________________________________________________________________________

List the desired Dates and Times in order of preference:

#1:  Date: _______________    Day: _________  From: ________  To: __________

#2:  Date: _______________    Day: _________  From: ________  To: __________

#3:  Date: _______________    Day: _________  From: ________  To: __________

Desired Presenter: ________________________________________________

Program Location: ________________________________________________

Audience:  Expected Number: _________  Type: _____________________________________

Other Information or Comments: ____________________________________________

________________________________________________________________________________

________________________________________________________________________________

Program requests are processed the first and third Monday of each month. Requests must be submitted at least two weeks in advance of the desired date to:

Dr. Lenora Thompson, Director of Counseling Services, 1526 Webb Center, Old Dominion University.

For Office Use Only:

Presenter(s): ________________________________________________

Title: _______________________________________________________

Date: _______________  Time: _______________  Duration: ___________

Location: ________________________________________________  Equipment Needed: ___________________________

Program Confirmed: To: _______________  By: _______________  Date: _______________