



Outreach/Presentation Request Form

PLEASE COMPLETE THIS FORM AND RETURN IT TO: ESTHER PACHECO
ROOM 1108 AT (708) 709-7743 OR EPACHECO@PRAIRIESTATE.EDU

TODAY'S DATE:

Please provide at least TWO WEEKS NOTICE in order for us to prepare and secure staff to appropriately represent your event.

YOUR INFORMATION:

FIRST NAME: LAST NAME:

ORGANIZATION:

ADDRESS:

CITY: STATE: ZIP:

TELEPHONE: FAX:

E-MAIL:

Event:

EVENT NAME:

EVENT DESCRIPTION:

DATE OF THE EVENT:

TIME OF EVENT:

EXPECTED ATTENDANCE:

DESCRIPTION OF ATTENDEES:

PLEASE SELECT MORE THAN ONE IF NECESSARY:

ELEMENTARY SCHOOL STUDENTS JUNIOR HIGH/MIDDLE SCHOOL STUDENTS

HIGH SCHOOL STUDENTS: 9TH GRADE 10TH GRADE 11TH GRADE 12TH GRADE

COLLEGE STUDENTS ADULTS WHO DID NOT COMPLETE HIGH SCHOOL DIPLOMA ADULTS RE-ENTERING SOCIETY

SERVICE REQUESTED:

PLEASE SELECT ONE:

FINANCIAL AID PRESENTATION COLLEGE PRESENTATION PRESENTATION ON GED/ESL SERVICES

KEYNOTE SPEAKER AT CHURCH EVENT INFORMATION TABLE AFTER CHURCH SERVICES INFORMATION TABLE AT FAIR

BI-LINGUAL (SPANISH) PRESENTATIONS

CONTACT NAME AT THE EVENT (IF DIFFERENT FROM ABOVE): _____

CONTACT TELEPHONE NUMBER AT THE EVENT (IF DIFFERENT FROM ABOVE): _____

AGREEMENT:

I understand that by completing and submitting this form, attendance at the requested event must still be confirmed by a representative of Prairie State College. Confirmation of attendance will be made within a week of submission. Further, it is understood that staff limitations and conflicting events may result in the College declining an event. If this is the case, please request another date and time for a representative to accommodate your needs.

Signature

Date

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

REPRESENTATIVE: _____ DATE RECEIVED: _____ EVENT DATE SCHEDULED EVENT DATE DECLINED

PERSON CONTACTED: _____ DATE CONTACTED: _____ REASON EVENT DATE DECLINED: _____