

**Request for Rec Services Nutrition Presentation**



**DATE OF REQUEST:** \_\_\_\_\_

**REQUESTING GROUP:**

Group Name: \_\_\_\_\_ University Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

**GROUP REPRESENTATIVE:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**BEFORE PRESENTATION:**

**PRESENTATION REQUEST:**

**DATE OF PRESENTATION:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**TOPIC/PROJECT: (be specific)** \_\_\_\_\_

**PARTICIPANTS:**

Who: \_\_\_\_\_

Project Number: \_\_\_\_\_

**MATERIALS REQUESTED:** \_\_\_\_\_

**PERSONNEL REQUESTED:** \_\_\_\_\_

**AFTER PRESENTATION:**

**DATE:** \_\_\_\_\_ **TIME: Start:** \_\_\_\_\_ **End:** \_\_\_\_\_

**PRESENTORS:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**NUMBER IN ATTENDANCE:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_