

***Student Leadership Development Programs***  
***East Carolina University***  
**WORKSHOP REQUEST FORM**

**Organization Name:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Workshop Topic:** \_\_\_\_\_

**Date of requested workshop:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Location notes (room size, set-up, directions, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Anticipated number of participants:** \_\_\_\_\_

**Demographics of participants (class standing, age, new members, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other notes:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form to 109 Mendenhall Student Center at least 2 weeks prior to the date of the above requested presentation.**

<b>For Official SLDP use only</b>	
Presenter(s): _____	_____
Date Confirmed: _____	Date Declined: _____
Reason for decline: _____	_____