IPFW Health & Wellness Speaker Request

To request a Health & Wellness speaker, complete this form and return it to Walb Union, room 234. You may direct questions to 481-6746 or rohertyj@ipfw.edu. Please allow at least two weeks of lead time.

**ORGANIZATION**

Contact Person/Title: ______________________________________________________________________

Department/Organization Name: ______________________________________________________________________

Bldg/Room: ___________________ City: ___________________ State: _______ Zip code: _______

Phone: _______________ Fax: _______________ E-mail: ______________________________________________________________________

**MEETING**

Type (i.e., business, social, retreat, etc.): ______________________________________________________________________

Date requested: ___________________ Location: ______________________________________________________________________

Start time of presentation: _______ Length of presentation requested: _______ (i.e., 15 minutes or more)

Format of presentation: □ PowerPoint □ Roundtable/Discussion group □ Other __________

Audience: □ Faculty (Number attending_______) □ Student Group (Number attending_______)

□ Administrative/professional (Number attending_______) □ IPFW Class (Number attending_______)

□ Clerical/service (Number attending_______)

□ Other: _______________________ (Number attending_______)

**PRESENTATION** – Choose from these topics:

□ Cooking □ Nutrition □ Stress Management

□ Fitness at Your Desk □ Walking Meetings □ Fitness

□ Communication □ Quick and healthy Meals □ Mindful Eating

□ Beginning Exercise □ Quick and Healthy Meal Ideas □ Relax, Release and Renew

□ Group Fitness □ Other __________

**AVAILABLE EQUIPMENT FOR PRESENTER** (Please check all that apply):

□ PC/Laptop (for PowerPoint) □ DVD player □ Dry erase board □ Flip chart

□ LCD projector (for PowerPoint) □ VCR □ Chalkboard □ Podium

□ Microphone □ CD player □ Other __________

Health & Wellness Programs Use Only

Date rec’d: _______________

Speaker: ______________________________________________________________________ Title: ______________________________________________________________________

Date assigned: _______________ Cost: ___________ Signature: ______________________________________________________________________

Notes: