

PRESENTER PROPOSAL

RETURN THIS FORM TO:

AMY GARCIA EMAIL: aagarcia531@swtjc.edu
PHONE: 830-591-7353 FAX: 830-591-7208

YOUR NAME: _____

CAMPUS EXTENSION: _____

CELL PHONE: _____

EMAIL ADDRESS: _____

NAME OF ACTIVITY

NAME OF PRESENTER (IF NOT YOU)

INTENDED AUDIENCE

GOAL OF PRESENTATION

PREFERRED LOCATION

PREFERRED DATE AND TIME

RESOURCES NEEDED (EG: DL ROOM, MARKERS, HANDOUTS)

PLEASE TURN THIS FORM IN AT LEAST **TWO WEEKS BEFORE YOUR
PREFERRED DATE AND TIME.**