

SASC Outreach Request Form

Your full name:

Your e-mail address:

Telephone #:

Your organization and address:

Number of participants:

Participant age range:

Today's full date:

Full date(s) & time(s) you require outreach: _____

Length of time you require outreach for: _____

Address and full location of outreach: _____

1. What type of outreach service would you like? Please check as many that apply.

Workshop or Training Tabling Panel participation Support worker at event

Booth at an event Other (specify)

2. What is the specific information you would like addressed, discussed, or highlighted?

Thank you! We will be in touch with you upon receipt of this form.