

Diversity Workshop Request Form

Please complete the following form to request a diversity workshop. When your request is received, you will be contacted and receive written confirmation. Please submit your request two weeks in advance. If you have any questions, please contact Mr. Seth A. Thompson at 844-8222 Ext. x4358 or via e-mail at: thompss@TC3.edu or visit Room 230

Information on Person Requesting Workshop

Date: _____
Name: _____ Position: _____
Organization: _____ Email: _____
Campus Address: _____
Phone: _____ Fax: _____

Information on Workshop Participants

Who are the Participants? (Example: Residence Hall Program, Freshman Seminar, English 101, Student Organization, etc.) _____

Information on Requested Workshop

Possible Date(s): _____ Time: _____

Topic Area: *(please circle one)*

Dimensions of Diversity	Stereotype Challenge	Gender Bread House
Identity Building	Opening the Door on Homosexuality	Racism Y2K

Location: _____ Length: _____

Approximate number of participants: _____

Is Audio/Visual equipment available, if so what type? (DVD, VCR, Overhead, or etc.) _____

Who will the presenter be greeted by? _____

***PLEASE NOTE:** WE WILL NOTIFY YOU ONE-WEEK IN ADVANCE WITH THE NAMES OF YOUR WORKSHOP PRESENTER(S). OUR TURN AROUND TIME TO RESPOND TO REQUEST IS ONE (1) WEEK, IF YOU DO NOT HEAR FROM US WITHIN THAT TIME FRAME; PLEASE FEEL FREE TO CONTACT US VIA EMAIL OR BY PHONE...

****Form can be folded and sent via campus mail****

Office Use Only

Date received _____	Workshop Date _____
Workshop Time _____	Workshop Location _____
Presenter 1 _____	Presenter 2 _____
Address _____	Address _____
Phone _____ Email _____	Phone _____ Email _____

