

Wellness & Health Promotion WORKSHOP REQUEST FORM

HOST'S INFO		WORKSHOP INFO	
Today's Date:		Group/Class that this presentation is for and if class the 5 digit course code:	
Your name:		Time that group usually meets (if applicable):	
Phone #:		Expected # in attendance:	
Cell #:		Proposed workshop date:	
Email:		Proposed <u>START</u> time:	Proposed <u>END</u> time:
Mailing Address:		Location of workshop:	
		Alternative dates/times for workshop:	

CUSTOMIZE YOUR WORKSHOP!

√ Check off the main topic you would like the presentation to cover.

√ If topic you'd like covered isn't listed, please write in the specific topic you'd like presented.

MAIN TOPICS	<input type="checkbox"/> NUTRITION	<input type="checkbox"/> BODY IMAGE	<input type="checkbox"/> MARIJUANA AND OTHER DRUGS	<input type="checkbox"/> STRESS	<input type="checkbox"/> VIOLENCE PREVENTION	<input type="checkbox"/> SEXUAL WELLNESS	<input type="checkbox"/> ALCOHOL	<input type="checkbox"/> STRENGTHS-QUEST (SQ)
For more info	Cassie Alvarado, 924-6118, HB 212	Jennifer Gacutan-Galang, 924-6119, HB 213				Liz Romero, 924-6203, HB 214		Laurie Morgan, 924-6117, HB 210
Presentation Titles (45 - 60min each)	<input type="checkbox"/> Nutrition 101 + Reading Food Labels	<input type="checkbox"/> Body Image 101	<input type="checkbox"/> Marijuana 101 (Available starting April 2013)	<input type="checkbox"/> Stress 101	<input type="checkbox"/> Spotlight on Consent: Healthy & Unhealthy Relationships	<input type="checkbox"/> K.I.S.S.: Keepin' It Safer and Sexier (Birth Control Methods)	<input type="checkbox"/> Alcohol 101	<input type="checkbox"/> Intro to SQ
	<input type="checkbox"/> Nutrition 101 + Portion Size	<input type="checkbox"/> Body Image Around the World	<input type="checkbox"/> Uppers Downers All Arounders	<input type="checkbox"/> Getting Your Zzzzz's	<input type="checkbox"/> See Something, Say Something: Empowered Bystander	<input type="checkbox"/> Let's Talk About Sex	<input type="checkbox"/>	<input type="checkbox"/> SQ: Leadership
	<input type="checkbox"/> Healthy Eats at SJSU		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SQ: Team Building
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOST RESPONSIBILITIES

√ To encourage good attendance and participation

√ To understand that this request is tentative until the speaker has been confirmed and we get back to you

√ To better meet your needs, make request **three (3) weeks prior** to proposed date

√ Turn this form into HB 209 or email to maria victoria.cervantes@sjsu.edu three weeks prior to proposed date



STUDENT HEALTH CENTER
Wellness and Health Promotion