Requested Program:  Safe Zone (2 hours minimum) □  Visible Voices □  Other Workshop □

Today’s Date: __________________________________________

Contact Name: __________________________________________

Contact Phone: __________________ Contact Email: __________________

Class/Group Name: __________________ Class/Group Size: ________

Preferred Date:
The date the request is made/received must be 2 weeks prior to the dates listed below.

1st Choice: ________________________________________________
2nd Choice: ________________________________________________
3rd Choice: ________________________________________________

Time of Engagement and/or Duration: __________________________

Location of Engagement: ____________________________________

Specific Requests: (e.g. identities, format, topics, goals, etc.)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Other information: (Important for workshop requests, including Safe Zones)
What do you hope to accomplish in this workshop?
What do you want your staff, clients, etc. to leave with?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

FOR OFFICE USE ONLY

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<tr>
<th>ITEM</th>
<th>CONTACT</th>
<th>STAFF PERSON</th>
<th>DATE</th>
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<td>Confirmation with Panelists</td>
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