



Columbus State University's

# WORLD AT REACH

Please fill out completely and return form via email to: [nyland\\_amy@colstate.edu](mailto:nyland_amy@colstate.edu) or fax to 706-565-4039

**Presentation Preferences: Date(s)** \_\_\_\_\_

**Time(s)** \_\_\_\_\_  
(If possible, please suggest multiple dates and/or times to assist us in finding an available volunteer)

**Organization or School Name** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Position/Title:** \_\_\_\_\_

**Address** \_\_\_\_\_  
(Street/P.O.Box) (City) (Zip)

**Day-time Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Organization:**  
(Please Check One)

On Campus: Intended Audience \_\_\_\_\_ Size \_\_\_\_\_

Local School: Grade \_\_\_\_\_ Class Size \_\_\_\_\_

Local Community Organization: Intended Audience \_\_\_\_\_ Size \_\_\_\_\_

**Presentation Preferences:**

*Country(ies) You Would Like a Presentation About:* \_\_\_\_\_

*Topic(s) You Would Like a Presenter to Speak About:*

Please Include *Specific* Notes About Your Expectations for the Presentation. Feel Free to Attach an Extra Sheet Specifying Your Interests.

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**Supplies Requested:** \_\_\_\_\_  
(For Example: Art Supplies, Pictures, Music etc.)

**Technology Capabilities:** \_\_\_\_\_  
(For Example: Access to Computer, Overhead Projector, etc.)

**Transportation Options to Site:** \_\_\_\_\_

**Anything Else You Would Like Us Know:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_