PRESENTATION REQUEST FORM

Student Accessibility Services (SAS) – Boca Campus Florida Atlantic University

Please submit at least two weeks before the requested presentation date

Name of person making request	Telephone #	E-mail
Organization/Department		
Location		
Date of Presentation Time	Expected Duration	# Expected to Attend
Description of Attendees (If this is a co	ourse, please provide course no	umber and title)
Information you would like the present	ation to include:	
Return form to:		
Michelle Shaw, Director mshaw@health.fau.edu Student Accessibility Services - FAU 777 Glades Road – SU 133 Boca Raton, FL 33431	207 2484	
Phone: (561) 297-3880 Fax: (561) SAS USE ONLY) 297-2184	
SAS Director's Approval		Date
Presenter Assigned		