Prevention Education Program Request Form for Residents Assistants

**Program Information**
Program Name: _______________________
Location (building and room number): _______________________

**Program Liaison**
Name: _______________________
Phone Number: _______________________
e-mail: _______________________

**Date/Time/Length of Program(s)**
Requested date(s)*: ______________
Arrival time for program facilitator: ______________
Indicate how many program periods: ______________
How many days: ______________
Duration of program: ___ 45 minutes ___ 60 minutes ___ 90 minutes ___ 120 minutes ___
other ___

**Population (circle one)**
Total number of participants: ______________
Gender: all female all male co-ed
Ages: 13-19 20-25 25-up

**Specific Concerns:**
________________________________________________________________
________________________________________________________________
________________________________________________________________

To request a program, please email: healthservices@saic.edu or fax this completed form to 312-499-4290 attn: Health Services, at least seven days BEFORE the requested date of your program.

*Please note that requested dates are not officially scheduled until confirmed by SAIC Health Services. Requested dates are not guaranteed, but we will work very hard to accommodate all requests. Thanks you for your patience and flexibility.*