

## Mental Health Counseling Center Presentation Request Form

Thank you for your interest in having the Mental Health Counseling Center present to your club/classroom/event. Please submit this form **at least 3 weeks prior** to the event.

### Contact Information

Today's Date (MM/DD/YY)	<input type="text"/>
Organization's Name	<input type="text"/>
Contact's Name	<input type="text"/>
Contact's Phone Number	<input type="text"/>
Contact's Email Address	<input type="text"/>

### Event Information

Event Title	<input type="text"/>
Event Description	<input type="text"/>
Date of Event	<input type="text"/>
Start Time of Event	<input type="text"/>
End Time of Event	<input type="text"/>
Event Location	<input type="text"/>

## Presentation Information

Presentation topic(s):

## Submission Instructions

- Save this form with a new name (e.g., **Presentation Request Event Name**).
- Send the request form to:

Mental Health Counseling Center  
Southwest Minnesota State University  
1501 State Street; BA 156  
Marshall, MN 56258  
[counseling.testing@smsu.edu](mailto:counseling.testing@smsu.edu)  
(507) 537-7150