



**Memphis STEPS (Suicide Training, Education, & Prevention Services)  
Presentation Request Form**

Name of Contact: \_\_\_\_\_

College/Department: \_\_\_\_\_

Department Address/Location: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Presentation will be for: (Check all that apply)**

\_\_\_\_ Undergraduate Students      \_\_\_\_ Staff

\_\_\_\_ Graduate Students      \_\_\_\_ Faculty

\_\_\_\_ Doctoral Students

\_\_\_\_ Registered Student Organization (Name of Organization): \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

Name of Class/Group: \_\_\_\_\_

College/Department: \_\_\_\_\_

Number of Attendees Expected: \_\_\_\_\_

Instructor: \_\_\_\_\_

Phone: \_\_\_\_\_

Location: \_\_\_\_\_

Is this a Smart Room? \_\_\_\_\_

Class Schedule: \_\_\_\_\_

Semester/Year \_\_\_\_\_

*Day(s)*      *Time*

**Date(s) Requested for Presentation (Day, Date, & Time):**

**1<sup>st</sup> choice:** \_\_\_\_\_

**2<sup>nd</sup> Choice:** \_\_\_\_\_

**Please fax this form to:**

**901-678-2579 (Attn: Brandy Hunter)** with the requested date/time no later than three weeks prior to the date requested for the presentation. We will make every effort to accommodate your schedule.

Correspondence will be sent to the contact person. You can also submit by e-mail:

[Memphis.Steps@gmail.com](mailto:Memphis.Steps@gmail.com) or leave a message at: 678-1693.