**Program Request & Report Form**

Please complete this form at the time a program is requested. Be as complete as possible but practical. Contact MGV Coordinator Nancy Lehrer to arrange for handouts, AV equipment or displays. Give her a working copy ASAP. After the program, complete the demographics information as accurately as you can and return the form to: Milw. Cty. Cooperative Extension, 9501 W. Watertown Plank Rd., Wauwatosa, 53226. Questions? 256-4600.

### I. Logistics

<table>
<thead>
<tr>
<th>Program Date: ___________________________</th>
<th>Program Time: ____________________________</th>
<th>Number Expected: _____________</th>
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</thead>
<tbody>
<tr>
<td>address: ________________________________________________________________________________________________</td>
<td>Directions: ________________________________________________________________________________________________</td>
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</tbody>
</table>

Requested by: (organization) ________________________________________________________________________________________

Their Contact person: __________________________________________ Phone(s): ___________________________________

Mailing address: _______________________________________________________________________________________

E-mail: _______________________________________ FAX: _____________________________

UWEX/SEWMG Receiving Request: _______________________________________ Date Contacted: _________________________

Volunteer(s) or Staff to do Program: _________________________________________________________________________________

### II. Program Information

**Presentation:** Title/ Topic: ______________________________________________________________________________

Description: ______________________________________________________________________________________

Equipment Provided: Screen _____ Microphone _____ Audio Visual ______________________________________

Equipment to Bring: Screen _____ Microphone _____ Slide projector ______ Flipchart & easel ______

Laptop _____ video projector _____ Overhead projector _____ Other: _____________________________________

Pick-up by _______________________ date ______________ time ____________________

Returned by _______________________ date ______________ time ____________________

**Display:** Title/ Topic: ____________________________________________________________________________________

Description: ______________________________________________________________________________________

Size: Tabletop: ___________ Floorstanding: ___________ Booth: ___________

Provided: Table ___________ Skirt _______ Chair(s) _______ Electricity _____ free? _____ fee? _____

Bring: Table ___________ Skirt _______ Chair(s) _______ Sign(s) _______

Other ______________________________________

Pick-up by _______________________ date ______________ time ____________________

Returned by _______________________ date ______________ time ____________________

**Activity:** Title/ Topic: ___________________________________________________________________________________

Description: ______________________________________________________________________________________

Provided: _______________________

Bring: _______________________

Pick-up by _______________________ date ______________ time ____________________

Returned by _______________________ date ______________ time ____________________
### III. Hand-Outs:

<table>
<thead>
<tr>
<th>Title</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>Basic UWEX/ MG: (Publications, Gardening Resources, SEWMGs)</td>
<td>____________</td>
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<tr>
<td>Topic Related:</td>
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</table>

Pick-up by _________________________  date _______________ time __________________________

Returned by ________________________  date _______________  time _________________________

### IV. Program Report

Program given by: _____________________________________________________________________

Honorarium received: $_________ ___  Checks should be made out to SEWMG and given to the

SEWMG treasurer (Patty Witt)

(Provide information as completely and accurately as possible and practical.).

Number of participants:  Total: ___________  Female _______ Male _______ Seniors _______ %  Youth _______ %

African American ______ American Indian _______ Asian ______ Hawaiian/PacificIs. ______ White _______

Two or more races: ______ Other race: ______ Ethnicity:  Hispanic/Latino ______ Non-Hispanic/Latino _______

Disabled _______ Low-income _______ Supervisory District ________________________________

Comments:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

We truly appreciate the commitment of our volunteers and staff to providing quality educational programs to groups of residents in our counties. If there is any way we can help you or improve our programs, please contact:

Nancy Lehrer 414-256-4661  nancy.lehrer@ces.uwex.edu
or Sharon Morrisey 414-256-4660  sharon.morrisey@ces.uwex.edu