

Diversity Education Request Form

| Today's Date: | / | / |
|---------------|---|---|
| - | | |
| | | |

| Group Requesting Presentatio | n: | | |
|--|--|---------------------------------------|------------|
| Contact Name: | Phone: | Email: | |
| complete Section C. Unless no | nal workshop(s) in which oted, workshops are one h | C | , and |
| Inclusive Excellence | 101: Unconscious Bias – | A New Look at an Old Dynamic! | |
| Inclusive Excellence | 201: Unconscious Bias – | A New Look at an Old Dynamic! (tw | o hours) |
| Inclusive Excellence | 301: Unconscious Bias – | Next Steps | |
| Inclusive Excellence | 401: Effective Communic | eation and Collaboration across Diver | rse Groups |
| Inclusive Excellence | 501: Allyship and Relation | onship-Building | |
| Inclusive Excellence | 601: Inter- and Intra-Raci | al and Ethnic Dynamics (Part 1) | |
| Inclusive Excellence | 701: Inter- and Intra-Raci | al and Ethnic Dynamics (Part 2) | |
| Inclusive Excellence | 801: Sexuality, Gender, a | nd Transgender Dynamics | |
| B. CUSTOM EDUCATION Purpose/Goal of Diversity Education | | detail as possible): | |
| | | | |
| | | | |

| C. LOGISTICS Anticipated Audience: Demographics: | | | |
|---|---|-------------------------|------------------------------------|
| | dees: | | |
| Key attendees (e.g., departme | ent/area, leadership program, e | etc.): | |
| Will attendees RSVP? If so, j | please indicate RSVP cutoff da | ate: | _ |
| Are there any special needs f | or attendees (e.g., visual/audio | aid or English proficie | ncy support)? |
| Meeting Details: | g: | | |
| | | | |
| | raining be part of a larger mee | | |
| Timeframe for the fu | ll meeting/workshop: | | |
| | before the training? | | |
| How much time is av | vailable for set-up prior to the | training? | |
| Technology Contact | Person's Name: | Phone: | Email: |
| If yes, please answer the follonext section. | owing questions and attach pho | oto/diagram of space. F | or external locations, skip to the |
| Floor: | Room Number/Name: | | |
| Is parking available? | If yes, please provide loca | ution: | |
| Does the room provide whee | Ichair access? Yes or No | | |
| External Locations ONLY: Physical Address: | | | |
| | Room Number/Name: | | |
| Is parking available? | If yes, please provide loca | ition: | |
| Equipment & Space Deta Please check each item that i | ills: s available in the meeting spac | ce. | |
| Projector: | Projector | Screen: | Lectern: |
| On-site AV Tech: | On-call A | V Tech: | |

| Projector: | Projector Screen: | Lectern: |
|----------------------|------------------------------|----------|
| On-site AV Tech: | On-call AV Tech: | |
| Complimentary Wi-Fi: | CODE: | |
| House sound: | On-site temperature control: | - |
| Table for handouts: | | |

| Seating Arrangements: 60" rounds | 72" rounds | 6 ft. rectangle | 8 ft. rectangle |
|--|---------------------|-----------------|-----------------|
| Open space for interactive activities: | | | |
| Access to space 24-36 hours prior to prese | ntation (required): | | |

Feedback Surveys:

In an effort to continually improve our diversity education process, attendees will be asked to complete a short feedback survey at the end of the workshop. For certain workshops, attendees may also be asked to complete short pre- and post-workshop surveys. Can your attendees complete feedback surveys? Yes or No.

| INTERNAL USE ONLY: | |
|--------------------|--|
| DATE RECEIVED: | |
| RECEIVED BY: | |

Last Updated January 26, 2017 (SLB)