

Workshop/Presentation Request Form

Please note: We require a minimum of 4 weeks' notice to process requests. Email this completed form to helsimmigration@jfssd.org Please include in the headline the following format so your request can be adequately channeled: **"HELs PRESENTATION REQUEST_[College Name_Proposed mm/dd/yy of presentation]"**. This form can be found at our website: www.jfssd.org/HELs under Program Resources. After the form has been submitted, a HELs team member will contact you to review your request and presentation expectations.

PRESENTATION / EVENT OPTIONS

Please select one option from the following:

- | | |
|--|------------------|
| <input type="checkbox"/> Tabling | Up to 2 hours |
| <input type="checkbox"/> JFS/Immigration Services Dept. and available services | 30 min |
| <input type="checkbox"/> Know Your Rights (KYR) presentation | 1 hour |
| <input type="checkbox"/> Emergency/Family Preparedness Workshop | 30 min to 1 hour |
| <input type="checkbox"/> Policy and Legislative Updates. Specify topic: _____ | 30 min to 1 hour |
| <hr/> | |
| <input type="checkbox"/> Other: _____ | 30 min to 1 hour |

DETAILS OF PRESENTATION

| | | | |
|---|---|----------------------|------------------|
| Event Title | Event Date & Time Time Allotted* | | |
| | *If event is 1+ hrs., specify HELs' time slot | | |
| | | | |
| Organizer | Location | | |
| | | | |
| Contact Person | Email | Phone Number | |
| | | | |
| Alternative Dates & Times | Preferred Language | Expected # of | Attendees |
| Team member attending event: | | | |
| How do you intend to promote this event: | | | |
| Select One: Open to ALL campuses Campus Requesting ONLY | | | |

