



SEWMG/ UW-Extension

# Program Request & Report Form

Please complete this form at the time a program is requested. Be as complete as possible but practical. Contact MG Coordinator, Ellen Blankenship to arrange for hand-outs, 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: **Milwaukee Co. UWEX at 932 S. 60th Street, West Allis, WI 53214. Questions? Call 290-2400.**

## I. Logistics

Program Date: \_\_\_\_\_ Program Time: \_\_\_\_\_ Number Expected: \_\_\_\_\_

address: \_\_\_\_\_

Directions: \_\_\_\_\_

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 \_\_\_\_\_

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**III. Hand-Outs:**

<u>Title</u>	<u>Quantity</u>
Basic UWEX/ MG: (InfoSource, Publications, Gardening Resources, SEWMGs)	_____
Topic Related: _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Pick-up by _____ date _____ time _____	
Returned by _____ date _____ time _____	

**IV. Program Report**

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

Program given by: \_\_\_\_\_

Honorarium received: \$\_\_\_\_\_ Checks should be made out to SEWMG and given to the SEWMG treasurer (Bill Baumgarten) .

Number of participants: Total: \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_ Seniors \_\_\_\_\_% Youth \_\_\_\_\_%

African American \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_

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:*

**Ellen Blankenship 290-2416    ellen.blankenship@ces.uwex.edu**  
**or Sharon Morrisey 290-2412    sharon.morrisey@ces.uwex.edu**