

Outreach Presentation Outline by MGV: _____

Submit to Suzanne via mills-wasniak.1@osu.edu for review/approval 3 weeks prior to presentation date.
Questions? Call Suzanne at 937-224-9654 ext. 123

Organization requesting the program: _____

Organization's Contact name and phone or email: _____

Location/Specific Address where program will be held: _____

Date and Time requested: _____

Title/Topic of presentation: _____

Length of presentation in minutes: _____

Name of MGV presenting; name of support MGV assisting development and/or presentation:

References used for data within presentation:

1. _____

2. _____

3. _____

4. _____

5. _____



6. _____

7. _____

8. _____

9. _____

10. _____

Handouts used, materials to be used and source for all:

1. _____

2. _____

3. _____

4. _____

5. _____
