

Information Services Workshop Information Sheet

Class Name/Subject _____

Instructor _____ Date _____

Length of Class _____ Hands-on Facility: Y__ N__ Name of Facility: _____

Type of Class: _____ IS Workshop _____ Requested Instruction _____ Customized Instruction

_____ Credit Class _____ Tour

Person requesting the class(for requested or customized instruction only): _____

Name	Dept.	Email Address	Staff Faculty Undergrad Grad	Off-Campus Extension Staff/Faculty (Y/N)
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____
8.	_____	_____	_____	_____

9. _____

10. _____

11. _____

12. _____

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19. _____

20. _____