

**REQUEST FOR INTERNATIONAL PRESENTATION**

Name of requester: \_\_\_\_\_

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

Group or School you represent: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

If this for a school, which grade level? \_\_\_\_\_

Specify country, geographic area, or topic you are requesting:

\_\_\_\_\_

When would you like to have a presenter? You can request a specific date and time. If possible give more than one choice or give a range (for instance, the first 2 weeks of April or between 12:30 and 2:45).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long would you like the presentation to be? \_\_\_\_\_

Would it be possible for our presenter to have a tour of the school, if applicable?

Yes       No

Any additional comments or requests? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax this form to (785) 532- 6607 or mail it to:  
Maria Beebe, Program Coordinator  
International Student Center  
Kansas State University  
Manhattan KS 66506