# *4CS CARES SERVICE REQUEST*

**Contact Information:**

Name: _____ College: _____

Phone: (_____)_____ Email: _____

**Available Services:**

- In-Person Presentation
- Webinar Presentation
- Program Reboot – includes 2-4 in-person visits over 6 months to meet with your team and develop a plan and timeline for rebooting, institutionalizing, and sustaining the program. Team members will review all program documentation before the first meeting.

**Fees:**

- Travel costs (transportation and hotel (if necessary) for team members (2 max)) for all in-person visits (except for Program Reboot)
- Presentation Costs: $75 per hour per presenter
- Webinar prep time: $40 for each hour of presentation time (max 4 hours)

Other Request:_____

(Costs will be determined once service request is evaluated.)

**Information About Your Request:**

Service/s Requested: _____

Specific Location: _____

Date: _____ Start Time: _____ End Time: _____

Anticipated number of attendees: _____

Type of Event (formal/informal, training, workshop, presentation, etc.):

_____

**Please send your request to: secretary@ccccs.org**

Please send at least 45 days before the event.