

**INTERNSHIP & EXTERNSHIP
INITIAL INFORMATION FORM**

Name of Organization: _____

DATE: _____

Address: _____

Name of Contact: _____

Phone #: _____

Fax #: _____

E-Mail: _____

Website: _____

Date of Event: _____

Hours of Event: _____

of Students Desired: _____

Description of Space:

of Chairs Requested: _____
Desktop Portal (need sturdy metal table or desk): _____

Directions to Location:

Other Details ex. Lunch/Drinks provided, Food, H2O Availability Metal Table for Information Displays of Synergy Flyers or for Desktop Portal if needed:

How many people do you expect to attend: _____