

AUTISM COUNCIL  
AGENDA TOPIC SUBMISSION FORM

Agenda Topic: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Please check one:

Announcement     Action Item     Report     Discussion Item

Meeting Date Requested: \_\_\_\_\_

Time Requested \_\_\_\_\_

Person Presenting Topic: \_\_\_\_\_

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

Organization: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Audio/Visual Requirements:  Yes  No

If yes, list needs: \_\_\_\_\_

Time Sensitive:  Yes  No

Handout:  Yes  No

Description of Agenda Topic: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is recommended to submit the request three weeks prior to the Autism Council meetings so they can be reviewed and prioritized for each meeting. Thank you for your interest in supporting autism.

Notification the form has been received will be emailed to you within five days. This form can be emailed to Sara Salamey at [SalameyS@Michigan.gov](mailto:SalameyS@Michigan.gov)