

# TRAINING REQUEST FORM

Revised 1/4/2016

SUBMIT BY E-MAIL TO MARGARET AND COPY CHERYL AND LEEANN FOR **APPROVAL AND PROCESSING TWO (2) WEEKS PRIOR TO THE DATE OF THE TRAINING.** COPY ANGIE FOR ALL IT'S MY TURN TRAININGS.

OCECD TRAINER: \_\_\_\_\_

TRAINING DATE(S): \_\_\_\_\_

**Advertise:** E-mail Lists  Website

TRAINING TOPIC: \_\_\_\_\_

SST Regions \_\_\_\_\_

Set Up Registration on Website   
(RSVP to OCECD)

Closed  Open  Limited Space \_\_\_\_\_

Additional Material Needed \_\_\_\_\_

IMT:  1 Day  2 Day  3 Day  Parent Night

Name of School District \_\_\_\_\_

IEP CLINIC: \_\_\_\_\_

**\*\*\*\*Complete separate form for booth at regional conference**

INFORMATION FAIR: \_\_\_\_\_

REGIONAL CONFERENCE: \_\_\_\_\_

SPEAKER NAME: \_\_\_\_\_ NAME TAGS: \_\_\_\_\_ LIMITED SPACE: \_\_\_\_\_

CONFERENCE: \_\_\_\_\_ NUMBER of MATERIALS NEEDED: \_\_\_\_\_

CEU FORM \_\_\_\_\_

**(Cannot Ship To Post Office Boxes)**

REGISTRATION FORMS \_\_\_\_\_

**\*\*Verify earliest date materials can be shipped to training facility \_\_\_\_\_**

TRAINING LOCATION: \_\_\_\_\_

ATTENTION TO: \_\_\_\_\_

COUNTY \_\_\_\_\_

SHIP TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TIME of TRAINING: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

ATTENDEES:  Parents  
 Professionals  
 Both

E-MAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

I have informed person/agency that this training is 2 hours minimum:  YES  NO  N/A

\*\*\*\*\* MARION OFFICE ONLY \*\*\*\*\*

Entered on Event Calendar: \_\_\_\_\_

Advertised by E-mail: \_\_\_\_\_