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| **In-person trainings or webinars:** At a minimum, 25 business days advance notice is optimal to ensure we locate a trainer with experience in your course topic. |

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| **Requestor** | Name: |  | | | Title: |  | | |
| Email: |  | Ph: |  | | | Alt Ph.: |  |

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| **Training**  **Location \*** | Address: : | |  | | | | | |
| Specific Floor/Room/Cafeteria: | | |  | | | | |
| City: |  | | | State: |  | Zip Code: |  |

**\* Address required for webinars and in-person trainings.**

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| **Site Contact**  **at location** | Name: |  | | | Title: |  | | |
| Email: |  | Ph:: |  | | | Alt Ph.:: |  |
| Materials for trainings are sent to requestor and site contact via email with instructions prior to the training. | | | | | | | | |

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| **Date Requested** | |  | | **Start Time** |  | **End Time** | |  | | **Time Zone**: |  |
| **Training Title** |  | | | | | | **# of Participants** | |  | | |
| **Alternate Date/Time** | | |  | | | | | | | | |

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| **Dress Code:** |  | | **Training Type:** | | |  | | |
| **Note: Webinars are presented via Adobe Connect unless otherwise specified** | | | | | | | | |
| **Will two weeks be sufficient for trainer confirmation** | | | | | If ‘NO’- time frame needed: | | |  |
| **Specific trainer requested** | |  | | If Yes, provide name: | | |  | |

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| **Audience type** |  | | Other: | | |  | | |
| **What are their responsibilities/duties** | |  | | | | | | |
| **Is something going on that led you to this request** | | | | |  | | | |
| **Training style that works best for this group** | | | |  | | | Other |  |

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| **Would you like to use :** | EAP Overview Flyer Participant Evaluations |

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| **Additional information concerning this training:** |  |