



Training Logistics Form page one

Today's Date: _____

Please print out this form, fill out and fax or fill out electronic version and email to the numbers at bottom of form.

Your Name: _____ **Email/Phone:** _____

Course Title:

Proposed Day(s)/Date(s) for training:

Time(s):

Presenter(s):

Format of session(s)(Lecture, panel, etc):

Target Audience:

Training Logistics Form page two

Number of Attendees expected: _____

Venue: _____

CEUs offered: _____ no _____ yes, give how many hours of actual instruction: _____

Food provided: _____ no _____ yes, give details: _____

A/V required: _____ Power Point Presentation w/laptop and projector

_____ Power Point presentation with projector only (presenter brings laptop)

_____ Microphone(s); give number required: _____

_____ Video (VCR/DVD player); give format: _____

Other: _____

Budget Information: Presenter fee(s): \$ _____ Travel: \$ _____

Venue: \$ _____ Food: \$ _____ Other: \$ _____

Please add any additional information you would like to share on a separate page(s) or as attachments (e.g. proposed flyer; learning objectives; presenter bios, etc.)

Please email to scardenas@acbhcs.org

For Trg Dept only: Unit request: _____

or fax 510-639-1346

Budget: _____ By: _____