



REQUEST FOR TRAINING AND PRESENTATION

Name of School/Organization:			
Contact Person:			
Title:			
Date and time of training/presentation:			
Number and title/role of participants for training/presentation:			
What are the specific goals you have or topics you would like highlighted during the training/presentation?			
Will the following technology be available? (we can provide our own laptop and projector if needed)	Computer	Yes	No
	Projector	Yes	No
	Internet	Yes	No
Will participants have access to computers during training/presentation?		Yes	No
Address:			
Phone:			
Fax:			
Email:			
Website:			
Questions/Comments:			

Please email or fax this form to:

waytogori@riheaa.org

Fax (401) 732-3541