



## REQUEST FOR TRAINING AND PRESENTATION

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

**Please email or fax this form to:**

[waytogori@riheaa.org](mailto:waytogori@riheaa.org)

Fax (401) 732-3541