



PART OF THE SHEPPARD PRATT HEALTH SYSTEM:



**Request for On-site Training**

Please complete the following as fully as possible and email to Helma Irving: [helma.irving@fs-inc.org](mailto:helma.irving@fs-inc.org) or fax to 240-912-0990. Call Helma at (301) 840-3248 if you would like to discuss special requests. We will send you a proposed contract within a week if we are able to meet your needs.

<b>Contact Person's Information</b>		
Contact Name:		
Phone:	Email:	
<b>Center Information</b>		
Center Name:		
Address:		
City:	State:	Zip:
<b>Training Site Information</b> <i>(if different from above)</i>		
Location of Training:		
Address:		
City:	State:	Zip:
<b>Event Information</b>		
Topic(s) of Training request(s):		
Date(s) of Event:	Start Time:	End Time:
Number of Staff needing Training:		
Ages of Children you serve:		
<b>Tell us about your Training Room</b> <i>Is it equipped with the following:</i>		
Sufficient adult size chairs?	Y/N	
Plug and extension for lap top computer and projector?	Y/N	
Projector screen for PowerPoint presentation?	Y/N	
Additional rooms for break out groups?	Y/N	
Room for flip chart:	Y/N	
<b>Other information you would like to share or request:</b>		