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| Shape  Description automatically generated with medium confidence | Workshop Request Form |

### Site Information (please print or type)

|  |  |
| --- | --- |
| Site Name: |  |
| Today’s Date: |  |
| Site Address: |  |
| City, State, Zip: |  |
| Contact Name: |  |
| Contact Position: |  |
| Contact Phone: |  |
| Contact Email: |  |

### Workshop Information

|  |  |
| --- | --- |
| Requested date(s) and time(s) |  |
| Expected # of attendees: |  |
| Requested workshop topic: |  |
| Logistics: | Remote: Preferred presenting software: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Host / staff assistance for presenter  In-person:Copier/Printer  Computer with a projectorPowerPoint  Audio equipment |

### Additional Requests / Considerations:

Please return this form to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_