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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 projector[ ] PowerPoint [ ]  Audio equipment |

### Additional Requests / Considerations:

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