

## Howard County On-Site Training Request Form

Please complete this form to the best of your ability so that we may begin scheduling your onsite training. We are excited to work with your program to meet your professional development needs. Please email the completed form to [ocftraining@howardcountymd.gov](mailto:ocftraining@howardcountymd.gov) or fax to 410-313-1430. For questions, please call Kristin Reel at 410-313-1923.

### Contact Information

Program Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Off hours contact name and number: \_\_\_\_\_

### Training Site Information (please complete if different than above)

Name of Training Site: \_\_\_\_\_

Address: \_\_\_\_\_

### Training Request

Please complete as much information as possible. If you do not have specifics please give approximate dates, times, and maximum number attending.

Workshop Title/Topic or COK area	Date(s)	Start time(s)	End time(s)	# of staff

**Additional Information:** request for specific trainer, issues to address during training, goal of training, deadline for completion, etc.

**Training Room Details:**

Is the room equipped with the following:

Laptop on site	<b>yes</b>	<b>no</b>
Projector on site	<b>yes</b>	<b>no</b>
Wifi/Internet	<b>yes</b>	<b>no</b>
Enough adult-sized chairs for all participants?	<b>yes</b>	<b>no</b>
Outlets for a laptop computer & projector?	<b>yes</b>	<b>no</b>
Projector screen or white wall for presentation?	<b>yes</b>	<b>no</b>
Space for flip chart?	<b>yes</b>	<b>no</b>

**Other information about your space:**

**How did you hear about us?** (Please select all that apply)

E-mail      Brochure      Word of Mouth      Website      Other: \_\_\_\_\_

**Office Use Only**

<input type="checkbox"/> Permit	<input type="checkbox"/> Outlook Calendar	<input type="checkbox"/> Trainer Confirmation