

Community Based Training Request Form

Please PRINT CLEARLY.

Requestor Information

County/Area: _____ Date: ____/____/____

Name of Requestor: _____ Title: _____

Phone Number: _____ Email Address: _____

(PREFERABLY CELL PHONE TO PROVIDE TO SPEAKER)

CBT Information

Date of Training: _____ Start Time of Training: _____

Requested Topic of Training: _____

Address where Training will be held: _____

Phone Number: _____ Email Address: _____

Anticipated Number of Parents to Attend:

Is on-site parking available?

YES NO

Will a projector/screen and/or laptop be available?

Projector/Screen Laptop Neither Available

Please note the following:

- Speaker may not be available on date requested.
- If there is a change to the date or location of this training, FAFS Training Information Associate must be contacted immediately at 609.520.1500 ext. 320.
- FAFS Volunteer Chair or designee must contact the Speaker at least 4 business days prior to the date of the training.
- Resource parents in attendance must be provided with the Registration and Evaluation forms immediately following the training. Completed forms must be returned to FAFS within 5 business days of the training.

Submit completed forms no later than 3 weeks prior to date of training to Larkesa Carr, Training Information Associate, FAFS, 101 College Rd East, 3RD Floor Princeton, NJ 08540, fax to 609.520.1515 or email lcarr@fafsonline.org.