|  |
| --- |
|  QBS Logo.JPG Training Request |
| **Requested by:** Click here to enter text. **Phone Number:** Click here to enter text. |
| **Location of Training:** (Address, City, ST, ZIP) | Click here to enter text. |
| **Date(s) of Training:** | Click here to enter a date. |
| **Start-End Times of Training:** | Click here to enter text. |
| **Name of Trainer(s):** | Click here to enter text. |
| **Expected Number of Students:** | Click here to enter text. |
| **Topics** to be covered during training: | Click here to enter text. |
| **Materials** needed for training:  | Click here to enter text. |
| **Type** of Training: Choose an item. | **Any Additional Information?:** Click here to enter text. |
| **Checklist:** |
| Is the training location reserved? | Is a detailed Agenda created? |
| Are all training presentations (PowerPoint, video) obtained? | Is the deck/parapet built? |
| Is there a full list of students prepared? | Are meals/snacks ordered? (if necessary) |

*IF YOU HAVE ANY ADDITIONAL QUESTIONS, PLEASE CONTACT:*

* **PAUL MADDEN**, 1-800-428-4511, EXT. 53849, MADDENPAUL@FSDP.COM
* **IAN MILLER**, 1-800-428-4511, EXT. 57208, MILLERIAN@FSDP.COM.