MOVE INTERNATIONAL

A NON-PROFIT ORGANIZATION DEDICATED TO
HELPING CHILDREN AND ADULTS WITH DISABILITIES

TRAINING REQUEST WORKSHEET

Requesting Agency: _____
Today's Date: _____
Requested Dates for Trainings:
First Choice: _____
Second Choice: _____
Third Choice: _____

Type of Training:
□ Basic Provider □ One-day clinic
□ Basic Provider II

Contact Person:
Name: _____
Address: _____
_____
Phone: _____
Fax: _____
E-mail: _____

Training Location:
Site: _____
Address: _____
_____
Phone: _____

Billing Information (where to send invoice)
Site: _____
Address: _____
_____
Phone: _____
Attn. to: _____

Type of organization:
□ School Program
  ○ Center-based
  ○ General Education with Inclusion
  ○ Gen. Ed. with self-contained rooms
□ Adult Day Program
□ Adult Residential Facility

Age Range of Students: _____

Number of People to be trained: _____

Occupations of Trainees:
□ Parents
□ Therapists
□ Teachers
□ Paraprofessionals/Aides
□ Nurses
□ Health Care Aides
□ Other: _____

May we post this training on the MOVE website allowing other people in the area to attend?
□ Yes □ No

If training materials are to be mailed to a location other than the training site, Please specify shipping address below:
Site: _____
Address: _____
_____
Phone: _____
Attn. to: _____

Return form or any questions contact
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