

Training Request Form

Product Name: _____

Training Audience Teachers Administrators Other (please specify)**Requestor's Information** *(all fields required)*

Name _____

Job Title _____

Center/Agency _____

Address Line 1 _____

Address Line 2 _____

City _____ State/Province/Region _____

Zip/Postal Code _____ Country _____

Phone Number _____ Fax Number _____

Email _____

Facilities and Equipment

Where will the training be held? _____

How many computers are available? _____

What is the operating system (PC or Macintosh, and what version)? _____

What browser is installed on the computers (Internet Explorer or Netscape, and what version)? _____

Is Adobe Acrobat Reader installed on each computer? _____

Is there an Internet connection for each computer? _____

Is there a "teacher" computer with an LCD projector? _____

Training Options Half Day Onsite Workshop * Full Day Onsite Workshop ***Notes on Training**

Requested Training Date(s): _____ Estimated Number of Training Attendees: _____

Other Information:

** Training fees are exclusive of travel. SchoolSuccess will submit an additional invoice for travel expenses. Your submission of this Training Request Form indicates agreement that the program will reimburse SchoolSuccess for travel costs not more than 30 days after the training has taken place. Cost of travel includes airfare, rental car, lodging, and meals for the trainer. SchoolSuccess will work to select the lowest travel cost options.*

Please fax this form to SchoolSuccess, ATTN Jennifer White**Fax: 617-542-6564**

Payment Method (all fields required)

Credit Card Purchase Order (Number _____) Pre-Pay by Check

Credit Card Information

Name on Credit Card _____

Billing Address Line 1 (if different from above) _____

Address Line 2 _____

City _____ State/Province/Region _____

Zip/Postal Code _____ Country _____

Phone Number _____ Fax Number _____

Type of Credit Card

Accepted cards: MasterCard Visa Amex

Number _____ Expiration Date _____

Total Amount \$ _____ Signature _____

Purchase Order Information

Billing Contact Name _____ Billing Contact Phone _____

Billing Contact Agency _____ Billing Contact Fax # _____

Address Line 2 _____

City _____ State/Province/Region _____

Zip/Postal Code _____ Country _____

Pre-Pay by Check Information

Billing Contact Name _____ Billing Contact Phone _____

Check # _____ Date Mailed _____