

Training Request

Please complete this form and email it to your agency's training coordinator listed on the RM/T Contact page in the About section of the website (www.cjpia.org) or fax it to (562) 402-8692.

Agency Information

Agency		Date of request
Address		
City	State	Zip
Risk Manager	Risk Manager's email address	
Training Contact Person	Title	
Phone	Fax	
Email		

Training Information

What type of training are you interested in? Existing workshop Not listed in Catalog

Why are you interested in this type of training? Compliance Situation/incident Best risk management practices

What goals would you like to achieve by offering this training?

When are you interested in having the training? *(please note the training coordinators' schedule 4-6 months in advance)*

Approximately how many employees from your agency do you anticipate will attend?

From what departments would employees attend?

Special notes

Please provide details about the meeting space that is available for the workshop:

Facility name: _____

Facility address: _____

City: _____ State: _____ Zip: _____

Maximum occupancy: _____ Parking availability: _____

List room set-up possibilities (classroom, theater, hollow square, etc.):

- AV: screen
 LCD projector
 overhead
 microphone
 electrical
 TV/VCR