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| 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:*

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