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**QPR Training Scheduling Information Form**

Organization Name:

Number of trainings being requested:

Date(s):

Time(s):

Training Site Address, City, Zip:

Area of San Diego County:

Contact Person, Cell Phone, Email:

Number of Participants (10+ required):

Target Audience:

Open to the Public: Yes/No

Special requests:

Comments:

**\*NOTE\* Site for training should have equipment that includes laptop, projector, some type of AV system. The trainer will bring the presentation on a USB flash drive and the site should have everything else. Site must also make enough copies of the 2 handouts for all participants that are sent out in the confirmation email when trainer is confirmed.**

**For Office Use Only:**

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| --- | --- | --- |
| **Items** | **Date Completed** | **Notes** |
| **Trainer Confirmed** |  |  |
| **Confirmation Email Sent** |  |  |
| **Evaluation Entered** |  |  |
| **Training Entered** |  |  |
| **Website Posted** |  |  |