**Training Request Form**

**Date of Request:**

**Title of Training(s):**

**Training Code(s):**

**Training Date(s):**

**Are the training dates flexible?**

**Length of Workshop or Session:**

**Location:**

**Type of Event:**

 **If a conference, what is the conference and anticipated number of attendees?**

**Target Audience:**

**Estimated Number of Participants:**

**Contact Name:**

**Organization:**

**Contact E-mail:**

**Contact Telephone:**

**How does this training request align with the state’s implementation of WIOA and/or the state’s efforts to build local program capacity related to its responsibilities in Section 223 under WIOA?**

**Describe how this will build your state’s capacity to offer this and/or similar trainings in the future? What additional supports might you need?**

**How does the training fit into your state’s existing professional development and technical assistance efforts? Describe any follow-up and/or extended activities you plan for this training?**

**What will your organization contribute to the training?**

* **Meeting Space**
* **Audiovisual Equipment**
* **Duplication of Handouts**
* **Conference Registration Fees for Presenter**
* **Participant Travel**
* **Participant Stipends**
* **Participant Registration/Confirmation**
* **Other (list)**