

## **The Assistive Technology Training Alliance Training Request Form**

*Note: You are responsible for providing an appropriate training space; if a space is not available we can only assist in the location of one, you are responsible for the rental cost. Trainings will only be conducted with a minimum of ten (10) registrants.*

**Training Topic/Workshop Title:**

**Requested Trainer (if known):**

**Training Site (provided by you):**

**Anticipated Audience:** AT users   professionals   parents

**Length of Training:** Full day   or   Half day (3-4 hrs)

**Your Contact Information:**

*Name:*

*Organization:*

*Address:*

*Phone Number:*

*Email Address:*

**Comments:**