



TRAINING REQUEST/EVENT SCHEDULING FORM

The Parent Educational Advocacy Training Center (PEATC) is happy to provide this free workshop to the community. Workshops like this one are made possible through Federal funding from the US Department of Education/Office of Special Education Programs and from private donations.

Our Federal grant designates PEATC as the Statewide Parent Training and Information Center; therefore we serve all regions of the Commonwealth of Virginia. In order for PEATC to continue to offer our services free of charge, we must ensure that at least 10-15 people are registered to participate in each workshop to ensure that our program activities are well managed so that Virginia's families and professionals can continue to benefit from PEATC's trainings.

PEATC advertises all of our workshops and will provide an electronic copy of the flyers to your organization requesting the training but it's vitally important that you also advertise the workshop in order to ensure enough participation in the training. We ask that you stay in contact with PEATC as the registration changes so that we can properly plan. PEATC can also collect registration for your event at no cost.

Please initial indicating you have read and agree to the policies stated above: _____

PEATC appreciates the opportunity to collaborate with your organization! **Please complete this form and return to partners@peatc.org or fax: 800-693-3514.**

You may also fill out the form online at: https://www.surveymonkey.com/r/PEATC_Training-Request

CIRCLE ONE: **WORKSHOP** **EXHIBIT**

TRAINING TITLE: _____
DATE OF EVENT: _____ TIME OF EVENT _____
TIME OF TRAINING: _____ (start & finish time) ARRIVAL TIME FOR SETUP: _____
LOCATION OF TRAINING: _____
ADDRESS: _____
DO YOU WANT THE TRAINING IN SPANISH? <input type="checkbox"/> YES <input type="checkbox"/> NO
OF EXPECTED ATTENDEES: _____ (at least 10-15 people need to be registered)
REGISTRATION CUT-OFF DATE (IF APPLICABLE): _____
IS THE EVENT OPEN TO THE PUBLIC? <input type="checkbox"/> YES <input type="checkbox"/> NO
CONTACT PERSON: _____ PHONE: _____
CONTACT PERSON THE DATE OF THE EVENT: _____
CELL PHONE: _____ E-MAIL: _____
ORGANIZATION: _____

Please check all that you are willing to provide:

Refreshments _____

Publicity _____

Resource Table _____

Printing and Copying _____

Registration/RSVP Collection _____

Childcare _____

Translation Services (please specify) _____

Other (please specify) _____

Please check all available equipment you are willing to provide:

Screen _____

Projector _____

Microphone _____

Podium _____

Promethean Board _____

Ben Q screen _____

ADA Accessibility Checklist:

Wheelchair Accessible _____

Parking _____

Seating _____

Bathroom _____

Multi-media _____

Please attach copies of any flyers for the event and email to partners@peatc.org or fax: 800-693-3514