



HAWAII LOCAL TECHNICAL ASSISTANCE PROGRAM

REQUEST FOR WORKSHOP/TRAINING FORM

Please complete the form and fax to 956-8851. Attach additional information as needed.

We will canvass our clients to identify their level of interest in the proposed topic(s). Our Executive Board will consider your request at its monthly meeting. We will then inform you of the Board's decision and, if needed, request additional information.

Date: _____

Name/Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ email: _____

Proposed Topics(s): _____

Target Audience: _____

Justification: _____

Expected number of attendees from your organization: _____

Estimated number from: State: _____ County: _____ Private: _____

Number of Days: _____ Preferred Dates: _____
(list in order of priority)

Preferred Location: _____

Potential Instructors: _____
(include contact information i.e. phone, e-mail, etc.)

Estimated cost: _____ Requestor cost share (if any): _____

Please list what you would like LTAP to contribute: _____
