Training/Presentation Request
Florida Diagnostic and Learning Resource System
6271 St. Augustine Rd., Suite 1 * Jacksonville, FL 32217
Phone (904) 633-0770 * Fax (904) 633-0751

Date of Request: _______________ Requestor: ___________________
Agency: ______________________________________________________
Phone: _(______)_______________ Fax: __________________________
Email Address: _______________________________________________
Subject of Title of Training/Presentation Requested:

________________________
Requested Date(s) and Time(s): ___________________________________
Proposed Length: __________________________
Proposed Intensity of Training (check one):
_____ Awareness       _____Familiarity      _____Competence
Level of Training of Audience (check all that apply):
_____ Newly Involved _____Intermediate       _____Advanced
Proposed Format (check one):
_____ Lecture       _____Workshop       _____Make & Take       _____Presentation/Q&A
Location of Training: ____________________________________________
Type of Audience/Participants: ______________________________________
Number of Participants: ______ Closed to Public or Open training: _____

To Be Completed by FDLRS Staff:
FDLRS Staff Member Receiving the Request: ___________________________
Assigned to: _____________________________________________________
AV Equipment Required: _____________________________________________
AV Equipment Reserved: _____________________________________________
Signature of Asst. Director: _________________________________________
Signature of Presenter: _____________________________________________
Date Decided: ____________________________________________________

Fax this completed form to Autumn Mauch and a staff member will then contact you to discuss your request.