



**REQUEST FOR CMAR TRAINING FOR A PRIVATELY HELD COURSE**  
**Must be submitted 12 weeks in advance of the proposed training course**

Name of Person making this request				
Company/institutional Name				
Address				
Address				
City		State	Zip	
E-mail			Direct Phone	
Organization Requesting Training				
Date of Course	<input type="checkbox"/> <b>CMI</b> Foundations of Management	<input type="checkbox"/> <b>CMII</b> Planning and Organizing	<input type="checkbox"/> <b>CMIII</b> Leading and Controlling	<input type="checkbox"/> <b>AR</b> Tools for the Animal Facility Manager
Course Location (Name of Facility)				
Name of Contact at the Facility				
Address				
Address				
City		State	Zip	
E-mail (Facility Contact)			Direct Phone (Facility Contact)	
Estimated number of attendees				
List time the course will run each day (Example; 4/15, 7:30 AM Breakfast and 8:00 AM Course, 4/15 10:00 AM Break)				
Has a meeting room been secured?				
<input type="checkbox"/> YES <input type="checkbox"/> NO				

Will meals/snacks be coordinated by hosting institution? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Recommendations for lodging for the LAMA Instructor		
Will either the CM or AR Exam be offered? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CM <input type="checkbox"/> AR		Will you need the Instructor to proctor? <input type="checkbox"/> YES <input type="checkbox"/> NO
List the date, location and time of the exam		
Contact Name of person that will receive our invoice		
Company/Institutional Name		
Address		
Address		
City	State	Zip
E-Mail		Direct Phone
FOR LAMA USE ONLY		
Name of Instructor Assigned to Training		
Company/Institutional Name		
Address		
Address		
City	State	Zip
E-Mail		Direct Phone
Fee		

FAX REQUEST FORM TO: 763.235.6461