



REQUEST FOR TRAINING FOR A LAMA SPONSORED 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 | Requested Registration Fee | <input type="checkbox"/> CMI Foundations of Management | <input type="checkbox"/> CMII Planning and Organizing | <input type="checkbox"/> CMIII Leading and Controlling | <input type="checkbox"/> AR Tools for the Animal Facility Manager |
| Other: | <input type="checkbox"/> Leadership Boot Camp I | <input type="checkbox"/> Leadership Boot Camp II | <input type="checkbox"/> We are LAMA | <input type="checkbox"/> Technician to Manager | <input type="checkbox"/> Facility Design and Renovations |
| 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) | | |
| List food requirements for each day (Example; Breakfast, Lunch, Dinner & Breaks) | | |
| Has a meeting room been secured? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| How would you like the room set? (Example; Classroom, U-Shape, Theatre, etc.) | | |
| Any AV requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please specify: | | |
| Any books/materials that need to be purchased? | | |
| 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 | What is the date and scheduled time of the exam? | Will you need the instructor to proctor? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| List the date, location and time of the exam | | |
| Course offered in conjunction with another event? If so, list the name of the event | Date(s) of their event | |
| Contact name for their event | | |
| Contact E-mail | Contact 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 TO: 763.235.6461