

Training/Presentation Request

UCF CARD ~ 12424 Research Parkway ~ P. O. Box 162202 ~ Orlando, FL 32816-2202
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Date of Request:

Requestor:

Agency:

Requestor email:

Phone:

FAX:

Subject or Title of Training/Presentation Requested:

Requested Date(s) & Time(s):

Proposed Length:

Proposed Intensity of Training (check one):

Awareness (<1hr)

Familiarity (1-3 hrs)

Competence (6 hrs or more)

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:

Approx. Number of Participants:

'Closed' or 'Open' Training:

CARD Staff Member Receiving Request:

Assigned To:

Confirmed:

AV Equipment Required:

AV Equipment Reserved:

Signature of Director

Signature of Presenter

Date Decided