



Training Request Form

Date: _____

Name of Company: _____ Department: _____

Requestor's Name: _____ Title: _____

Requestor's Contact Info: Office: _____ Email: _____

Training Topic(s): _____

Date(s) of Training: _____ Start & End Time: _____

Address of Training: _____

Number of employees expected to attend (each session): _____

Target Audience: _____

Contact Person (at the training location): _____ Title: _____

Contact Info: Office: _____ Cell: _____ Email: _____

Other: Please specify objectives to be accomplished as a result of the training sessions.

**Please send this form to Human Development Company via email
info@humandev.com or fax 502-589-5545.**