



TRAINING REQUEST FORM

PLEASE FILL OUT THE FORM BELOW TO REQUEST CAPACITY BUILDING AND TECHNICAL ASSISTANCE SUPPORT FROM GEORGIA AIDS EDUCATION & TRAINING CENTER. A REPRESENTATIVE FROM GAAETC WILL CONTACT YOU ASAP TO DISCUSS AVAILABILITY AND DETAILS REGARDING YOUR REQUEST.

Please indicate if you have requested a training from GAETC prior to this point by checking one of the following options:
___ Yes ___ No

Participant Information

Full Name: _____ Date: _____
Last First Cred(s).

Organization: _____ Title: _____

Phone: _____ Email: _____

Training Information

Training Topic: _____

Describe the intent and audience:

What type of training do you require?	<input type="checkbox"/> Workshop <input type="checkbox"/> Conference <input type="checkbox"/> Preceptorship <input type="checkbox"/> Clinical Consult <input type="checkbox"/> Technical Assistance <input type="checkbox"/> Capacity Building <input type="checkbox"/> Customized Programs	<input type="checkbox"/> Minority AIDS Initiative <input type="checkbox"/> Native American Initiative <input type="checkbox"/> Routine Testing Initiative <input type="checkbox"/> Longitudinal Training <input type="checkbox"/> Webinars <input type="checkbox"/> Clinical Skill Building Workshops <input type="checkbox"/> Non-Clinical Skill Building Workshops	Training Date:	Training Time:
	Training Location:		Expected # of Participants:	Will training be mandatory? ___ Yes ___ No

A/V Information

Which of the following will you need for A/V support? Check all that apply.			
<input type="checkbox"/> Laptop	<input type="checkbox"/> Clicker for PPT Presentation	<input type="checkbox"/> Internet/Wi-Fi Access	
<input type="checkbox"/> Projector	<input type="checkbox"/> Projector Screen	<input type="checkbox"/> Podium/Table	
<input type="checkbox"/> Extension Cord	<input type="checkbox"/> Speaker/Mic	Other: _____	

Acknowledgement and Signature

Signature: _____ Date: _____

PLEASE SUBMIT COMPLETED REQUISTION FORMS TO:

Georgia AIDS Education & Training Center
Attn: Training Request
Morehouse School of Medicine
Department of Medicine
720 Westview Drive
Atlanta, Ga 30310
Tel: 404.756.1395
Fax: 404.756.1328
Email: gaetc@msm.edu