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?

Workshop
Conference
Preceptorship
Clinical Consult
Technical Assistance
Capacity Building
Customized
Programs

Minority AIDS Initiative
Native American Initiative
Routine Testing Initiative
Longitudinal Training
Webinars
Clinical Skill Building
Workshops
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.

<table>
<thead>
<tr>
<th>Laptop</th>
<th>Clicker for PPT Presentation</th>
<th>Internet/Wi-Fi Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Projector</td>
<td>Projector Screen</td>
<td>Podium/Table</td>
</tr>
<tr>
<td>Extension Cord</td>
<td>Speaker/Mic</td>
<td>Other: _______________________________</td>
</tr>
</tbody>
</table>

Acknowledgement and Signature

Signature: _______________________________ Date: _______________________________

PLEASE SUBMIT COMPLETED REQUISITION 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