

“Prepare for the *worst*. Train to be the *best*.”

Training Event Information

Course Title:

Planned Course Date:

Time:

Assigned Instructor Name:

Assigned Instructor Phone#:

Email:

Training Location and Contact Information

Training Contact Name:

Phone#:

(Provide phone# with 24/7 access for emergencies)

Email:

Facility Contact Name:

(if different than training contact)

Phone#:

(Provide phone# with 24/7 access for emergencies)

Email:

Sponsoring Organization:

(if different from original requestor)

Classroom Building / Room Name:

Address:

Name of Conference *(if applicable):*

Do you anticipate participants who are visually or hearing impaired? **Yes** **No**

Shipping Information

Building/Business/Agency:

Shipping Address:

Contact Name:

Phone#:

Email:

Please note: Shipping is **required** through United Parcel Service . Shipping via **FedEx is not an option** for our courses.

(Please notify the facility to expect packages arriving from UPS for this training within the period of 1-2 weeks prior to the event.)

General Area Information

Recommended Airport:

Approx. Distance from Training Location:

General Directions:

Recommended Hotel: *(please be specific)*

Hotel Address:

Phone#:

Web Address:

Registration Information

Registration is **required** through the RDPC website at **ruraltraining.org**.

Once all details are confirmed, a course flyer will be created and sent to you. The course flyer will contain the specific link for participants to register for this training.

Note: If your state requires it's own registration, **IN ADDITION TO THE PARTICIPANT'S REGISTERING ON THE RDPC WEBSITE as noted above**, please provide the following details:

Name of STATE Registration Contact:

STATE Registration Contact Phone#:

STATE Registration Contact Email:

Fax#:

Link to STATE Online Registration (URL):

Please note: To ensure the appropriate number of course materials is shipped, a roster of participants is required 10 business days prior to the training. You will be receiving an official marketing flyer from the RDPC to help with marketing efforts.

Training Facility Checklist

- | | Yes | No |
|--|-----|----|
| • Do you have a classroom that can comfortably seat at least _____ students?
-If not, how many individuals will the classroom accommodate at full capacity? | | |
| • At what time will instructors have access to the training facility/classroom on the day prior to the training for set up and audio/video (A/V) check? | | |
| • If access is not available the day prior to the training, how early can the instructor gain access to the facility on the day of the training? <i>(Recommended no less than 1 hour prior to start)</i> | | |
| • At what time will the training facility be open for course participants to sign in?
<i>(Recommended at least 30-45 minutes prior to the start of training).</i> | | |
| • Specify what types of equipment will be available to RDPC instructor(s) below: | | |
| -Will there be a screen available? | Yes | No |
| -Will there be a projector available? | Yes | No |
| -Will there be a laptop/computer with PowerPoint 2007 (or higher) and flash drive compatibility? <i>(Not required).</i> | Yes | No |
| -If No , are appropriate connections available for hookup of external? | Yes | No |
| -Will there be internet access available? <i>(Wi-Fi or wired connection)</i> | Yes | No |
| -Will there be speakers available? <i>(Speakers can be USB compatible peripherals, hard-wired speakers, or speakers with blue tooth technology)</i> | Yes | No |
| • Will support be on-hand to assist with student check-in and any audio/video (A/V) problems?
<i>(If YES, please provide contact information for these individuals below):</i> | Yes | No |

Student Check-In Support

Audio/Video (A/V) Support

Name:

Name:

Phone#:

Phone#:

Training Facility Checklist (continued)

- Will **lunch** be provided to participants *(Not required)*?

Yes **No**

-If **No**, specify **approximate** commute time from facility to local dining establishments
(Note: RDPC cannot provide meals but students are typically allowed 1 hour for lunch.)

- Will the training facility have **coffee** and **water** available for students during the course?

Yes **No**

- Does the training facility have special parking requirements?

Yes **No**

-If **Yes**, please provide details:

Instructor / Administrative Requirements

- Will instructors need **special certification** or **clearance** in order to instruct in your area/state?

Yes **No**

- If **Yes**, please provide details:

- Are there other forms or paperwork that participants must complete to meet state or local requirements?

Yes **No**

-If **Yes**, please provide details:

Additional Information

- Please provide us with any **additional information** or details about the **training facility**, **audience**, and **general area** that would assist us in providing a quality training experience.

Academic Member's Course-Specific Details