

# Local Member Training Request Form

## We are requesting on-site assistance:

Name of Advisor: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Area Code and Phone: \_\_\_\_\_

## Local Assistance Required

**Workshop(s):** Please specify length: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Presentations

To \_\_\_\_\_

## Ceremonies

For \_\_\_\_\_

## Awards Program Speakers

For \_\_\_\_\_

Speaking Role     Non-Speaking Role

First Choice Date/Preferred Time: \_\_\_\_\_

Second Choice Date/Preferred Time: \_\_\_\_\_

## State Executive Council Members Participation

First Choice(s): \_\_\_\_\_

Second Choice(s): \_\_\_\_\_

Complete this form and email to:

Email: [submissions@maskillsusa.org](mailto:submissions@maskillsusa.org)

Subject: Local Member Training