



TRAINING/SPEAKER REQUEST

PARTIES Enter the name(s) and information for the requesting employer, union, or organization.

REQUESTING PARTY

Name _____

Title _____

Address _____

City, State, ZIP _____

Telephone _____ Ext. _____

Email _____

Signature _____ Date _____

ADDITIONAL PARTY

Name _____

Title _____

Address _____

City, State, ZIP _____

Telephone _____ Ext. _____

Email _____

Signature _____ Date _____

TYPE OF REQUEST Indicate whether this is a request for training or a speaker.

☐ **TRAINING** Select type of training.

- | | | |
|---|---|---|
| <input type="checkbox"/> Interest Based Bargaining | <input type="checkbox"/> Labor/Management Committee | <input type="checkbox"/> Collaborative Bargaining |
| <input type="checkbox"/> Collective Bargaining | <input type="checkbox"/> Improving Relationships | <input type="checkbox"/> The Affinity Model |
| <input type="checkbox"/> Custom (explain below) _____ | | |

Anticipated Number of Participants _____ Do both parties agree to the training? ☐ Yes ☐ No ☐ N/A

Bargaining unit(s) involved _____

☐ **SPEAKER**

Reason/Event _____

Date of Event _____ Speaking Time Frame _____

ADDITIONAL INFORMATION Include any special requests or scheduling needs.