



TRAINING/SPEAKER REQUEST

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

REQUESTING PARTY

Party Name _____

Contact _____

Title _____

Address _____

City, State, ZIP _____

Telephone _____ Ext. _____

Email _____

Signature _____ Date _____

ADDITIONAL PARTY

Party Name _____

Contact _____

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.

- Interest Based Bargaining Labor/Management Committee Collaborative Bargaining
- Collective Bargaining Communication and Conflict The Affinity Model
- 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.