



# Central Intermediate Unit 10 Training Request

## Section 1: Information requested by district via website or over the phone

### Requester Information

Date of Request: \_\_\_\_\_  
 Person Taking the Request: \_\_\_\_\_  
 Requester's name/title: \_\_\_\_\_  
 School/Organization: \_\_\_\_\_  
 Requester's email: \_\_\_\_\_ Requester's phone: \_\_\_\_\_

### Training Information

Name/Topic of Training: \_\_\_\_\_  
 Number of Participants: \_\_\_\_\_  
 Role of Participants (Teacher, Para, Admin): \_\_\_\_\_  
 Length of Training: \_\_\_\_\_  
 Date(s) of Training: \_\_\_\_\_  

1st choice	2nd choice

 Location of Training: \_\_\_\_\_  
 Request for Specific Consultant(s): \_\_\_\_\_

**ACT 48 to be processed by:**     Central Intermediate Unit 10 (Fee of \$10/attendee) OR     District/Entity

## Section 2: Completed by the Intermediate Unit

### Training Confirmation Information

Consultant(s) Assigned to Training: \_\_\_\_\_

Consultant's Contact Information:	Email	Phone
Date(s) and time(s) of Training:	Date	Time

Fee for training: \_\_\_\_\_  
 Additional Fees (Lodging, travel, materials): \_\_\_\_\_  
 Equipment to be provided by district: \_\_\_\_\_

### District Acknowledgement:

- I confirm the above information is correct
- I agree to pay the fee outline above when invoiced by the CIU 10

Name/Title	Signature	Date
IU Executive Director	Signature	Date