



Training/ Presentation/ Workshop/ Tabling Request Form

Kindly fill out the form in detail and return to hcampbell@avp.org or fax to 212-714-2627.

Requesting Organization's Information:

Name of Organization:

Name & Title of Contact Person:

Phone number of Contact Person: Fax Number: Email:

Will Contact Person be at the training/workshop/presentation? Yes No

Address (please include zip code):

Will this be the location of the event? Yes No

If not, address and phone number where event will take place: N/A

Transportation:

Transportation Directions From 35th Street and 7th or 8th to the location of event:

Approximate length of time it will take to get to the location from Penn Station? (Approximate distance/blocks from train station to the location)

If this request is for an event outside of New York City, will travel expenses be paid by the requesting organization? Yes No N/A

Materials:

What materials will the trainer have available to use? (E.g. flipchart, erase board, etc.)

Special Needs for this event (we cannot guarantee that we'll be able to meet these needs, but will make our best attempts):

Request Details:

Prospective Date(s) of Requested Event:

Time of Requested Event:

Length of time allotted for training/workshop/presentation/speaker/panelist:

Type of services agency is requesting (check those which apply):

- Training Workshop Presentation Speaker/Panelist Tabling
 Clinical or Informational

General Topic Area of requested event (please check all that apply):

- LGTBH Violence Issues Overview General Agency & Services Overview
 Anti-LGTBH Bias LGTBH Domestic Violence
 LGTBH Rape & Sexual Assault HIV-Related Violence
 Youth Related (e.g. healthy relationships, Gender 101, etc)
 Other (please specify):

Who is the audience for this event?

- Clinicians Management Direct Service Staff Health Care Practitioners
 Students Administration Members of Community Based Org.
 Other _____

Anticipated Number of Participants:

Please use the space below to give a more detailed description of what you'd like to see:

Please tell us how you learned about our educational initiative

- AVP Website Community Event AVP Staff Other: _____

AVP Administrative Use Only**

Confirmed Trainer/Presenter

Name: _____ Date: _____ Time: _____ Phone e-mail other

Confirmation with Requesting Agency

Name: _____ Date: _____ Time: _____ Phone e-mail other

