



Name _____

Agency _____

Address _____

Telephone (____) _____ Cell (____) _____

Briefly discuss the specific topics that you are interested in:

What type of goals and objectives do you have with this training/educational session?

How many people will be attending? _____ Adults Children Ages: _____

What length of program are you interested in? _____

How much time do you want to spend on each topic? _____

Where will the session be held? _____ **What are your preferred dates?** _____

Will you provide the audio visual equipment? Yes No **If Yes, what type?** _____

Please submit this request by fax to 704-736-1156 or by mail to Lincoln County Coalition Against Child Abuse and Child Advocacy Center, PO Box 652, Lincolnton, NC 28093. If you have any questions, please call Sherry Reinhardt at 704-736-1155 or leave a message at 704-736-8456.

