



# PORTABLE WORKSHOP REQUEST

Return this request to: Fax: 519-579-2195, or Email: [info@cochf.coop](mailto:info@cochf.coop)

If an acknowledgement of this request has not been received within 5 days, contact COCHF at 519-579-2424.

Name of Co-op: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Workshop Requested (Name or Topic): \_\_\_\_\_

List of topics and/or issues to be included or emphasized in workshop:  
(use additional sheet if more space is needed)

- 1) \_\_\_\_\_ 4) \_\_\_\_\_
- 2) \_\_\_\_\_ 5) \_\_\_\_\_
- 3) \_\_\_\_\_ 6) \_\_\_\_\_

Target Group:  Board of Directors  Committee(s): \_\_\_\_\_  
 Other (Identify): \_\_\_\_\_

Preferred Dates and Time of Workshop Requested: (Please list at least 2 preferences.)

	Date	Time
1 <sup>st</sup> Preference	_____	_____
2 <sup>nd</sup> Preference	_____	_____
3 <sup>rd</sup> Preference	_____	_____

Number of people who will be attending the workshop: \_\_\_\_\_

Any other important information concerning this request:  
(use additional sheet if more space is needed)

Primary Contact Person (who will be attending workshop): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Backup Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

<b>FOR OFFICE USE</b>		
Confirmed Date: _____	Confirmed Instructor: _____	Confirmation Sent to Co-op: <input type="checkbox"/>