

PORTABLE WORKSHOP REQUEST

Return this request to: Fax: 519-579-2195, or Email: 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): _____

We are requesting a 3-hr workshop 6-hr workshop

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
1st Preference:	_____	_____
2nd Preference:	_____	_____
3rd Preference:	_____	_____

Number of people who will be attending the workshop: _____

Other important details concerning this request: (use additional sheet if more space is needed)

Contact person who will be attending the workshop: _____ (name) Tel: _____
Email: _____

Back-up contact person: _____ (name) Tel: _____
Email: _____

FOR OFFICE USE

Confirmed Date: _____ Confirmed Instructor: _____ Confirmation Sent to Co-op: