



**Family Service of the Chautauqua Region**  
332 East Fourth Street, Jamestown, NY 14701 (716) 488-1971 fax (716) 483-6878  
Email: EAP@familyservicechq.org

## EAP Training Request

**Please complete the top portion of this form and return to Family Service EAP to request presentations.**

Date: \_\_\_\_\_

Name of person requesting training: \_\_\_\_\_ Phone#: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact person (if different): \_\_\_\_\_ Phone#: \_\_\_\_\_

Training Topic: \_\_\_\_\_

Specifics or current situations: \_\_\_\_\_  
\_\_\_\_\_

Location and directions: \_\_\_\_\_

Number of presentations requested: \_\_\_\_\_ Number of participants per training: \_\_\_\_\_

Tentative dates/times: \_\_\_\_\_, \_\_\_\_\_, or \_\_\_\_\_

Our facility has available for use:

<input type="checkbox"/> Projector	<input type="checkbox"/> Computer
<input type="checkbox"/> Microphone	<input type="checkbox"/> DVD Player
<input type="checkbox"/> Display Screen	<input type="checkbox"/> Speakers/Sound

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Confirmation of EAP Training (To be completed by EAP)

Date(s) scheduled: \_\_\_\_\_ Time(s): \_\_\_\_\_

Other: \_\_\_\_\_

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EAP Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_