



CENTER FOR Leadership & Learning

Leadership & Member Training Request Form

Coordinating Council(s) #: _____ Office Phone Number: _____

UniServ Director Name: _____

Field Assistant's Name: _____

We are requesting: Virtual Training In-Person Training

Training Requested:

Number of participants anticipated (final numbers provided closer to session): _____

Training Date(s) Requested:

Our 1st option: _____ 2nd option: _____

3rd option: _____ 4th option: _____

Time for Training: Start at _____ I understand training takes ____ hours.

I have already arranged with _____ to do this training.
(name of cadre member)

Training Site (for In-Person Training Only):

Address: Street _____

City _____ ZIP _____

Room Name/Number (if applicable): _____

Submit this form to: LMTTPRequest@mea.org

For CLL Staff Use:

