

On-Site Training Registration

*(Minimum 30 students)**

AGENCY: _____

CONTACT NAME: _____

CONTACT PHONE #: _____

CONTACT EMAIL: _____

LOCATION FOR TRAINING: _____

WILL NEED: Minimum of 30 attendees.
(This may be obtained by combining training with surrounding agencies)
PowerPoint Screen & Projector
Microphone, if deemed necessary
A copy of handouts will be forwarded for copies to be made for attendees

WILL BRING: Laptop
PowerPoint Presentation

EMAIL OR FAX FORM TO:

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fax: 770/357-8347