



WVPST

Martinsburg

1-800-367-3728 or 304 596-2653

TRAINING REQUEST FORM

Date of Request: ____ / ____ / ____

Name of Organization: _____

Mailing Address: _____

City: _____ County: _____ State: ____ Zip: _____

Contact Person: _____

Contact Phone: _____

Contact email: _____

Type of Program Requested: _____

Class Start Date: _____ Number of Students Expected: _____

Days and Times for class sessions: _____

Location of Training: _____

Physical Address of Training Location: _____

Instructor (if known): _____

Is the requesting organization willing to cover the cost of the course if fewer than 15 participants enroll, or fewer than 10 participants complete the course?

Yes _____ No _____

Name of person authorizing yes or no answer above _____

Send completed form to: WVPST, 109 South College Street, Martinsburg, WV 25401

Fax: 304 267-3599

Or by email to: dplume@wvpsc.org