Seminar Request Form

To request a training, complete the fields in the Site Contact section of this request form and send it as an email attachment to: Seminarrequest@rfl.com

- Please provide 60 days' notice for Mental Health First Aid trainings
- Please provide 45 days' notice for Legal and Financial training requests
- Please provide 30 days' notice for all other training requests

| Site Contact | | | | |
|------------------------------------|--------------|-------|--------------------------|-----|
| Plan Sponsor (Customer Name): | | | | |
| Business Unit\Segment Name: | | | | |
| Training Topic and Course #: | | | | |
| Delivery Method: | | | | |
| Date requested for training: | | | | |
| Preferred Start Time & Time Zone: | | | | |
| Anticipated # of attendees: | | | | |
| Site person contact name: | | | | |
| Site contact phone: | | | | |
| Site contact email address: | | | | |
| Training Delivery Address: | | | | |
| *Provide physical address even if | | | | |
| delivery method is virtu | ıal* | | | |
| (Address, city, state, zip code) | | | | |
| Background/group demographics | | | | |
| This field can also be used to | | | | |
| provide any additional information | | | | |
| including alternate dates and | | | | |
| times. If a webinar, choose your | | | | |
| hosting preference from the | | | | |
| dropdown. | | | | |
| Training Coordinator Use Only | | | | |
| Auth #: Contact Tracking #: | | | | |
| Travel #: | | | Date\Time Request Rec'd: | |
| Name: Number: | | Date: | MQ | |
| Name. | Number. | | Time: | Wig |
| | | | LM: | |
| Name: Number: | | | Date: | MQ |
| 113 | | | Time: | |
| | | | LM: | |
| Request Rec'd | Confirmation | | Invite/Materials Sent: | |
| Sent: | Sent: | | | |
| | | | | |