

## Training 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](mailto:Seminarrequest@rfl.com)

- Please provide 60 days' notice for Mental Health First Aid trainings
- 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 virtual\*  
(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**

**Time:**

**LM:**

**Name:**

**Number:**

**Date:**

**MQ**

**Time:**

**LM:**

**Request Rec'd Sent:**

**Confirmation Sent:**

**Invite/Materials Sent**