



**REQUEST TO HOST A DRIVER TRAINING CONTINUING EDUCATION WORKSHOP**

**PRINT CLEARLY OR TYPE**

ENTERPRISE NAME			
ENTERPRISE STREET ADDRESS		CITY	STATE      ZIP CODE
ENTERPRISE PHONE	FAX	CELL	ENTERPRISE E-MAIL
CONTACT PERSON			

LOCATION FOR WORKSHOP IF DIFFERENT THAN ENTERPRISE ADDRESS
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- There will be access to telephone and photocopy machine at the proposed location.
- Standard A/V equipment (screen, overhead projector, TV and DVD, chalkboard or flipchart or eraser board) is available.
- If behind-the-wheel training, there will be adequate parking lot space for participants to park vehicles plus sufficient room for practice activities.
- Attached or enclosed is a map with directions from interstates or highways to this facility.
- Attached or enclosed is a list of local hotel / motels with addresses and phone numbers.
- Attached or enclosed is a list of area restaurants with addresses and phone numbers.

**REQUESTED DATES**

<b>PREFERRED DATE</b>	DAY OF WEEK	DATE
<b>SECOND CHOICE</b>	DAY OF WEEK	DATE
<b>THIRD CHOICE</b>	DAY OF WEEK	DATE

Request shall include:     Syllabus                       Speakers                       Assessments

PRINTED NAME OF CONTACT PERSON	DATE REQUEST SUBMITTED
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SIGNATURE <b>X</b>
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**PLEASE SEND THE COMPLETED FORM TO:**

**Valerie Luptak, Driver Training Program Manager  
1970 West Broad Street, Room 426  
P.O. Box 182081  
Columbus, Ohio 43218-2081**

**Or fax: (614) 728-8330**