



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 VCR, 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.
- There will be access to photocopy machine.
- 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

PREFERRED DATE	DAY OF WEEK	DATE
SECOND CHOICE	DAY OF WEEK	DATE
THIRD CHOICE	DAY OF WEEK	DATE

PRINTED NAME OF CONTACT PERSON	DATE REQUEST SUBMITTED
SIGNATURE X	

PLEASE SEND THE COMPLETED FORM TO:

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

Or fax: 614/728-8330