

## **Virginia Autism Council Training Request Form**

To request an interactive training workshop to present in your community, simply fill out this form and mail to the Virginia Autism Council at <u>info@autismtrainingva.org</u>. Your request will be promptly reviewed and notification will be sent via email. Please provide the request a minimum of 6 weeks prior to delivery of the training workshop to allow time for VAC members to review the request and send materials as needed.

Presenters are to gain permission to use the training each time it is presented; permission for multiple training events may be made all at one time.

## Presenter Information (Please complete for each person who will be presenting the workshop):

Name of Presenter(s)	Please indicate if you are a person with ASD, a family member, or a service provider	Agency/ organization	Number of years experience with ASD as family member or professional	Please provide a brief description of experience with ASD

E-mail Address of primary	contact person:						
•	(used for email confirmation)						
Daytime Phone: (	)						
Address of primary contac	ct person:	(used to mail training ma	aterials)				
Workshop Information:							
Workshop to be Presente	d:				_		
Dates / Times of Training:							
Location of Training:							
Intended Audience:					_		
Do you need VAC to send	d vou the Workshop Kit fo	r this training? Yes	No				

## Please email form to:

E-mail: info@varc.org

Form must be received at least 6 weeks prior to date of training.