



BarTAB Training Request Form

Name of Business(es): _____

Point of Contact: _____ Title: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Provide 3 Available Training Dates: _____

Provide Ideal Training Time (Training is 2 Hours Long): _____

Anticipated Audience Size (Ideal Size is 30 Participants): _____

Training Location (Please Include Address): _____

Do you have AV Equipment? Yes No

What do you hope to have your staff learn in this training?

BarTAB Internal Use

Date Request was Received: _____

Confirmed Training Facilitators: 1) _____ 2) _____ 3) _____

Approved Training Date & Time: _____

Approved Training Location: _____

Has Request Been Confirmed: Yes No

Internal Point of Contact for Training: _____

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