Training/Presentation Request

UF Jacksonville, Center for Autism and Related Disabilities (CARD)
6271 St. Augustine Rd., Suite 1 * Jacksonville, FL 32217
Phone (904) 633-0750 * Fax (904) 633-0751

Date of Request: _______________ Requestor: ___________________
Agency/School: ____________________________________________________
Phone: _(______)_____________ Fax: _________________________________
Email Address: _____________________________________________________
Subject of Title of Training/Presentation Requested:
_______________________________________________________________

Requested Date(s) and Time(s): _____________________________________
Proposed Length: _________________________________________________

Proposed Intensity of Training (check one):
_____ Awareness  _____Familiarity  _____Competence
Level of Training of Audience (check all that apply):
_____ Newly Involved  _____Intermediate  _____Advanced
Proposed Format (check one):
_____ Lecture  _____Workshop  _____Make & Take  _____Presentation/Q&A
Location of Training: ______________________________________________
Type of Audience/Participants: _______________________________________
Number of Participants: ______  Closed to Public or Open training: ______

To Be Completed by CARD Office:
CARD Staff Member Receiving the Request: ____________________________
Assigned to: _______________________________________________________
AV Equipment Required: _____________________________________________
AV Equipment Reserved: _____________________________________________
Signature of Asst. Director: __________________________________________
Signature of Presenter: _____________________________________________
Date Decided: _____________________________________________________

Fax this completed form to Autumn Mauch and a staff member will then contact you to discuss your request.