



Training/Presentation Request

UF Jacksonville CARD * UF Jacksonville FDLRS – MDC
6271 St. Augustine Road Suite 1, Jacksonville, Florida 32217
(904) 633-0760 (CARD) * (904) 633-0750 (FDLRS-MDC)
(904) 633-0817 Fax

Date of Request: _____ Requestor’s Name: _____

Agency Affiliation: _____

Phone: (____) _____ Fax: (____) _____

Requestor’s Email Address: _____

Subject Requested / Title of Training or Presentation (if known):

Requested Date(s) and Time(s): _____

Proposed Length or Time Allotted for Training/Presentation:

Proposed Intensity of Training/Presentation (**check one**):

____ Awareness ____ Familiarity ____ Competence

Level of Audience Knowledge (**check all that apply**): ____ Newly Involved ____ Intermediate

____ Advanced (Non-Supervisory) ____ Advanced (Supervisor-Train-the-Trainer)

Type of Audience (Family Member, Service Provider(Type/Specialty), Educator(Grades/Setting):

Number of Attendees/Participants: _____

Closed to the Public or Open Registration (**circle one**):

Proposed Format (**check one**):

____ Lecture ____ Workshop ____ Make & Take ____ Presentation / Q & A

Location of Training/Presentation: (Notate if you would like to use the UF Health Developmental Pediatric Center’s Conference Room)

**Would you like us to help advertise this event by posting it on Eventbrite?: YES NO

To Be Completed by UF Jacksonville CARD / UF Jacksonville FDLRS-MDC Office:

CARD/FDLRS-MDC Staff Member Receiving the Request: _____

Training/Presentation Assigned to: _____ on (date) _____

AV Equipment Required: _____

AV Equipment Reserved by: _____ on (date): _____

Signature of Director/Lead Clinician: _____

Signature of Presenter: _____



Requestor:

Fax this completed form to Elise Summa, Lead Clinician, and a staff member will contact you to discuss/schedule your training/presentation. Please submit all forms **at least 2 weeks prior** to the requested dates.