

RESA V, PUBLIC SERVICE TRAINING

Course Number: _____
Office use only

Training Request

Section 1. (Department Information)

Date: _____
Requesting Agency: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Contact Person: _____ Title: _____
Telephone Number: (H) _____ (O) _____
Email Address: _____

Section 2. (Course Information)

Course being requested: _____
Tentative start date: _____ Tentative finish date: _____
Course start time: _____ Course end time: _____
Days of the week being conducted: _____
Estimated number of students: _____
Comments: _____

**Allow four (4) weeks lead time form the receipt of your request by Public Service Training.
Courses may be canceled due to lack of enrollments.
Pre-Registration Requested**

Return request to: Richard H. Gobble, Director of Services
RESA V
2507 9th Avenue
Parkersburg, WV 26101
Phone: 1-866-232-7372 ext. 121
Email: rgobbel@access.k12.wv.us
Fax: 1-304-485-6515

Office use only

Date received: _____ Contact date: _____

Course Number: _____ Course Name: _____
Instructor: _____
Total hours: _____ Estimated mileage: _____ Estimated expenses: _____
Number of books delivered: _____ Cost per book: _____ Number of books returned: _____
Registration Fee: _____