Reset Form

Print Form

Request For Materials Form

Directions:

Please provide the information requested below, select whom to submit the request to, then click the "Submit" button at the bottom of the page four to six weeks in advance of training. This form will provide the information to be posted on the OMH Website. This is in addition to posting your training on the Livingworks.net website and in addition to filing your trainer reports with Livingworks so that you get credit for your trainings.

Type of Training: _____ Open to public? _____

Sponsoring Organization: _____

Date/Time

Start Date _____ End Date _____ Starts at: _____ Ends at: _____

Location

Training Location:

(Need full address - street, city, and zip. Include floor and room number.)

Accommodations for those with special needs:

Counties/organizations served by this training:

County in which training will take place:

Cost

Maximum Seating Capacity: _____ Registration Fee Charged: _____

Number of Expected Participants: _____ Anticipated Cost of Training: _____

Trainer/Contact

Contact Name: _____ Phone Number: _____

E-mail Address: _____ Fax Number: _____

Names of Trainers:

Mail Materials To:

Submit to: _____

Submit