

RIGHT-TO-KNOW TRAINING REQUEST FORM

TODAY'S DATE:		
REQUESTING ORGANIZATION/AGE	NCY POINT OF CONTACT	Γ:
Name of Requesting Organization/Agency		
Name of Contact Person		
Phone Number		
Fax Number		
E-mail Address		
Mailing Address		
INFORMATION ABOUT THE REQUE	STED TRAINING:	
Date of Requested Training: (NOTE: The OOR requires at least 30 days advance notice to conduct a training)		
Proposed location of Training: Please include street address, city, state, and zip code)		
Number of Anticipated Attendees: (NOTE: Training sessions with less than 15 anticipated attendees may be rescheduled as a regional training at another location)		
Additional Comments:	☐ Initial training	□ Re-training

Please submit your form to George Spiess, Chief of Outreach and Training, at RA-DCOORTraining@pa.gov or via fax at (717) 425-5343 ATTN: George Spiess.

If you have any questions, please call (717) 346-9903.