



Workshop Request

Upon completion, please return this form to information@cen.org.

General Organization Information:

Date:

Name of organization:

Contact:

Position:

Phone:

Email:

Address of organization:

Org Size:

- # of staff:
- # of Board Members:
- Avg. Budget: \$

Questionnaire:

1. Are you a CEN community member? Yes No Unsure
2. Which workshop are you interested in bringing to your organization?
3. How many people will participate in the workshop? People
4. Please provide the dates and times you would like the workshop to be offered (3 hours total):
5. Are you authorized to enter into a training contract with CEN on behalf of your organization?
Yes No
6. What is your budget? \$