DVSOMB Training Information Sheet

Trainer Name: Title of Presentation: Trainer Contact Info Organization: Degree: Business Address:				Position: Credentials:		
Phone:			Email:			
Topic:						
Level:						
Population covering:						
Targeted audience:						
Include abstract (250	words)					
List 3 Objectives of Pr do at the end of the p 1. 2. 3.			s should descri	ibe what the lea	arner will b	e able to
One paragraph bio for	the trainer:					
Attach curriculun	n vitae & res	ume				
Format: Online o			Hybrid	Allow presentation to be recorded & broadcasted on demand		
AV Requirements: Other:	Laptop	Clicker	Flip chart	Markers		
Training Duration:	Fee:	Preferred	training cla	ss size:		
Does your training inc	lude cultural	l sensitivit	y/application	information?	Yes	No

