



MEADE EEO TRAINING REQUEST FORM FORM

NAME	
DEPARTMENT	
PHONE	
EMAIL	

Request for Training

<input type="checkbox"/>	SENSING SESSION (1 HOUR)
<input type="checkbox"/>	EEO INFORMATION SESSION (1.5 HOUR)
<input type="checkbox"/>	HARASSMENT (1.5 HOUR)
<input type="checkbox"/>	CUSTOMIZED STAFF ANNUAL TRAINING

Audience

<input type="checkbox"/>	Commander (Desk Side)
<input type="checkbox"/>	Command Staff
<input type="checkbox"/>	Organization / Directorate

Best Time to Attend Training

<input type="checkbox"/>	Morning Session
<input type="checkbox"/>	Afternoon Session

Location:

Training Dates: Please provide 2 dates

1.	2.
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Additional Comments:

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