Training Request

UNIVERSITY of ROCHESTER MEDICAL CENTER
Office for Inclusion and Culture

Note: All workshops require at least two weeks advance notice and should have at least 12 attendees. The room set-up for the workshop should allow open space for participants to walk around. All fields are required.

Requester Information:	**Name:**	**Phone:**
	Department:	
Date of request:		
Name of Educational Training		
Learning Objectives:	1. 2.	
How will this workshop be beneficial to your group?		
Proposed date(s):		
Proposed time(s):		
Proposed duration: note that there will be a minimum 1.5 hour content requirement for the (*Interactive Workshop*)		
Proposed location:		
Audience:		
Number of attendees:		

To submit this completed request, please save as a PDF and email to the URMC Office for Inclusion and Culture: inclusion@urmc.rochester.edu. All requests are reviewed and you will be contacted with next steps. Thank you for your interest for Educational Training at University of Rochester Medical Center.

---------- The section below is for Office for Inclusion and Culture Office use ----------

Trainer(s) assigned:	
Confirmed date, time, location:	