



	For Office Use Only:
S.P.	_____ Master _____
Instructor	_____
Inv. #	_____ F _____
Report	_____ GE _____
Other	_____
Project Plan	_____

### SEMINAR REQUEST FORM

#### CONTACT INFORMATION

School/Organization Name	Contact Name
School/Organization Address, City, State, Zip	
Contact Phone Number	Contact E-Mail

#### ADULT SEMINARS - PREFERRED DATES (Note: Please provide 3 possible dates)

PREFERRED DATES	PREFERRED TIME
Choice 1 –	
Choice 2 –	
Choice 3 –	

Please check if we need to contact you before scheduling your 2<sup>nd</sup> or 3<sup>rd</sup> choice

#### SEMINAR ADDITIONAL INFORMATION

**Please Submit Completed Form to [programs@kidsafefoundation.org](mailto:programs@kidsafefoundation.org). PLEASE NOTE** – Emailed form does not guarantee date confirmations. Once your form is received and the dates you requested are confirmed available, KidSafe will send you an email confirmation of your booking. If the dates are not available, a KidSafe representative will call the contact listed above to select other dates.