



TRAIN THE TRAINER SESSION REGISTRATION FORM

NAME _____ DATE _____

ORGANIZATION _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ FAX _____ E-MAIL _____

PLEASE MARK ALL THAT APPLY:

1. YOU ARE INTERESTED IN ATTENDING:

Train the Trainer Session at the Los Angeles Area Chamber of Commerce on:

_____ 6/29/2010 at 9am _____ 7/16/2010 at 2pm _____ 7/27/2010 at 9am

_____ 8/13/2010 at 2pm _____ 8/27/2010 at 9am _____ 9/17/2010 at 9am

2. YOU ARE INTERESTED IN HOSTING:

A training at YOUR site (please note, the date/time selected is based on availability of the trainer):

DATE: _____ TIME: _____

LOCATION: _____

CONTACT PERSON: _____

PLEASE SUBMIT YOUR COMPLETED REGISTRATION FORM TO:

Kimberly Balderrama, Program Coordinator, Education and Workforce Development
Los Angeles Area Chamber of Commerce
350 S. Bixel Street, Los Angeles, CA 90017

***Should you have any questions or concerns, please contact Kimberly Balderrama
at kbalderrama@lachamber.com or 213.580.7505.***