



TRAINING INFO

PROJECT COORDINATOR:

SPARK SALES REP:

TRAINER:

TRAINER CELL:

PROGRAM:

TYPE OF TRAINING:

IF OTHER, EXPLAIN:

IF OTHER, EXPLAIN:

ORG NAME:

ALT CONTACT NAME:

CONTACT NAME:

ALT TITLE:

TITLE:

ALT EMAIL:

EMAIL:

ALT PHONE:

EXT:

PHONE:

EXT:

ALT CELL PHONE:

CELL:

TRAINING DATE:

ROOM TYPE/FACILITY TYPE:

SET-UP TIME:

START TIME:

STOP TIME:

WORKSHOP ADDRESS:

LUNCH TIME:

RECOMMENDED AIRPORT CODE(S):

RECOMMENDED HOTEL:

WI-FI: Yes No

OF PARTICIPANTS:

WI-FI PASSWORD/DETAILS:

TYPE OF PARTICIPANTS:

POWERSTRIP: Yes No

EXTENSION CORD: Yes No

ATTENDED PREVIOUSLY:

**LCD PROJECTOR W/
SCREEN OR WALL AVAILABLE:** Yes No

**DRY ERASE BOARD OR
LARGE NOTE PAD W/EASEL:** Yes No

OF SITES:

OF SPARK STARS:



TRAINING INFO

GENERAL NOTES:

CURRICULUM DETAILS:

EQUIPMENT DETAILS:

SE LIVE ONLY

PARTICIPANTS IN ONE ROOM OR JOINING INDIVIDUALLY:	ONE ROOM	INDIVIDUAL
VIDEO MEETING INVITE – CUSTOMER OR SPARK TO CREATE AND SEND?:	CUSTOMER	SPARK
RECEIVED LIST OF PARTICIPANTS TO CREATE SE ACCOUNTS?	Yes	No

GENERAL NOTES:

SPARK OFFICE USE ONLY

WORKSHOP BOX SHIPPING ADDRESS:

ORDER #:

SPARKECADEMY CODE:

WB DATE SHIPPED:

WB TRACKNG #:

OF WORKSHOP BOXES: