



ECDC
EARLY CHILDHOOD DIRECTION CENTER
CENTER FOR COMMUNITY INCLUSION
LIU

**Long Island Early Childhood Direction Center
Training Request Form**
(Must be submitted within one week of training request)

Please complete this form and e-mail to _____ or fax to _____. We request a minimum of 10 participants at all trainings. LIECDC respectfully requests that our trainings be open to the public and accessible to all. If you have any concerns or questions, please contact us via e-mail address above or call _____.

Contact/E-Mail: _____

Phone Contact (both office and cell): _____

District/Preschool/Organization: _____

Address/Location of Requested Training: _____

What topic(s) are you interested in having addressed at the training?

What day(s) are convenient? (Please provide at least three dates. If you have already confirmed a date with us, please write it here.) _____

Time of Training: _____

Is the training for parents, professionals, or both (recommended)? _____

Approximately how many do you think will attend? _____

Can you provide copies of the handouts for your participants? (We will send power points and handouts to you electronically.) _____

Can you provide the projector and screen? _____

Do you have a laptop already set up for presentations, or would you prefer we bring our own?

Additional comments or questions? _____

**LIU Post
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Early Childhood Direction Center
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Brookville, NY 11548
(516) 413-8229**