Economic Development Division
Non-Credit Instruction Request for Training Services

Date of Request ___________________ Person Taking Request ________________________________

Company Making Request ________________________________________________________________

Point-of-Contact at Company __________________________________________________________

Company Phone Number ___________ E-mail ______________________________________________

Service(s) Requested (check all that apply):

☐ Design / Development of Training Program
☐ Program Presentation
☐ Conference / Meeting Space
☐ Catering

*(Provide further details regarding the request below)*

Design / Development of Training Program

Title of Proposed Training Program ______________________________________________________

Objective of Program __________________________________________________________________

___________________________________________________________________________________

Target Audience _______________________________________________________________________

Proposed Length of Program ____________________________________________________________

Proposed Completion Date _______________ Number of persons to be trained ____________

List Specific Deliverables Expected from Southeastern Technical College:

___________________________________________________________________________________

___________________________________________________________________________________
Program Presentation

Proposed Title of Program ____________________________________________________________

Objective of Program __________________________________________________________________

Proposed Length of Program __________________________________________________________________

Number of Persons Attending _______ Date of Presentation ___________________________

Describe Audience __________________________________________________________________________

Location of Presentation _______________________________________________________________________

Utilization of Conference / Meeting Space

Date(s) Space Needed _________________________________________________________________

Size of Audience _________________________________________________________________

Requested Set-up for Meeting Space _______________________________________________________

Equipment Required for Meeting:

☐ Computers

☐ Printers

☐ Data Projector

☐ Overhead Projector

☐ VCR / Monitor

☐ Flipchart

☐ Other: _________________________________________________________________

Catering Functions

Date(s) Catering Required _______________________________________________________________

_________________________________________________________________________________
## Description of Catering Services Requested

<table>
<thead>
<tr>
<th>Meal</th>
<th>Dates Requested</th>
<th>Requested Menu</th>
<th># to be Served</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refreshments</td>
<td></td>
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</tr>
<tr>
<td>Breakfast</td>
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<td>Lunch</td>
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<tr>
<td>Dinner</td>
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</table>

Requested Decorations / Seating:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Date Service Agreement Completed and Signed ________________________

May 12, 2009