## Anthem EAP Training Request Form



## Hello and thank you for your interest in EAP training seminars.

We ask for a minimum of 15-20 business days' notice for any training request. This allows us time to secure a qualified facilitator.

Please provide us with all of the following information so that we may proceed in processing your request.

Your EAP Client Consultant/Executive is available to consult with you about your request or any special needs you may have:

Please feel free to contact your EAP Client Consultant/Executive at:

Return your completed request form to:

**Training information** 

Company name:					Today's date:
Preferred training date:	Start time:	(HH:MM)	AM	PM	Time zone:
Alternate training date:	Start time:	(HH:MM)	AM	PM	Time zone:
Duration of the training:	Notes:				
Audience:					
Number of attendees:					
Type of training:					
Topic:					
Special instructions — Check all that apply:					
Require attendees to register Attendee list nee We will use our own platform for the webinar. Selec	Ū	Closed ca	aptionin	g needed	
Training requester — This person will be making a	II arrangements and re	ceiving the	confirn	nation.	
Name:	· ·	Ü			
Title:					
Phone:					
Email:					
Notes:					
Please note: Seminars cancelled in less than 72 busines billed a fee for service charge for your cano		your bank of	training	g hours. If	you do not have a bank of hours you may be
For on-site seminars only					
Location street address, state, ZIP code:					
Parking details:					
Where should the facilitator meet the on-site contact?					
Complete this shaded area only if the requestor	and on-site contact ar	e different.			
On-site contact — This person will meet the faci	litator at the site and a	rrange for to	echnol	ogy.	
Name:	J	Phone:			
Email:					
For Client Consultant/Executive use only					
EAP website:		Website logi	n:		
EAP phone no:		No. of visits:			

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