TRAINING REQUEST FORM

PLEASE CHECK WHICH TRAININGS YOU ARE REQUESTING

☐ UST COMPLIANCE TRAINING FOR OWNERS/OPERATORS
☐ UST COMPLIANCE AWARENESS FOR TRIBAL PERSONNEL

PERSONAL INFORMATION

NAME:

POSITION:

TELEPHONE: EMAIL:

TRIBAL INFORMATION

NAME of TRIBE:

DEPARTMENT:

ADDRESS:

CITY: STATE: ZIP CODE:

TELEPHONE:

FAX:

TRAINING INFORMATION

WHAT IS THE MOST CONVENIENT TIMEFRAME FOR YOU?

NUMBER OF PARTICIPANTS:

LOCATION:

DESCRIBE YOUR TRAINING NEEDS or RELATED TRAINING TOPICS:

Please send your requests to:
Inter Tribal Council of Arizona, Inc.
Attention: UST CATS Program
2214 N. Central Ave., Suite 100
Phoenix, Arizona 85004
Telephone: (602) 258-4822
Fax: (602) 258-4825
Email: roland.chester@itcaonline.com or elaina.curley@itcaonline.com

Office Use Only

Date Received: ________________________

Training Conducted: ________________________