



# HRPWA Course Offering – Information Submittal Form

To be completed for each HRPWA Course Offering. Please fill out as completely as possible to ensure accurate promotion, registration and preparation for the course. Use N/A when necessary.

**Course Information**

Name of Course:

Description of Course

Date:

Location:

Address:

Cost of location:

**Trainer Information:**

Name:

Organization:

Address:

Contact info

Phone:

Fax:

Email:

Cost of Trainer:

**Attendee Information:**

Registration Fees:

Member:

Non-member:

Attendee Requirements:

Minimum # of Registrations Required:

Class Size Limitation:

Prerequisites:

Other

**Additional Details**

Promotion:

Email

Other

Registration:

Through HRPWA

Through Trainer

Food Needs:

Audio/Visual Needs:

Materials Needs:

Provide HRPWA certificate upon completion.

Yes

No

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