



TRAINING NOTIFICATION FORM

TRAINER: Please fill out and submit this form to the address below no later than 30 days from the start of an MHSS training course. Thank you.

Trainer(s) Name(s): _____

Dates of Training: _____

Time(s): _____

Location of the Training: _____

Phone Number: _____ **Email:** _____

Class Size Limit: _____

Upon completing this form, please submit it to:

Scott Bernier
USM Muskie School
The Center for Learning
12 East Chestnut St.
Augusta, ME 04330

Fax: (207) 626-5022
Email: sbernier@maine.edu