



## 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:** \_\_\_\_\_

**Course Fee (for non-employees):** \_\_\_\_\_

**Upon completing this form, please submit it to:**

Additional space if needed:

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

**Fax:** (207) 626-5022

**Email:** sbernier@maine.edu