



Instructor Information

Instructor Name: _____

Company Representing: _____

Email: _____

Phone Number: _____

Short Biography (appreciated not required):

Course Information

Course Name: _____

Length: _____

Description:

Target Audience: _____

Classes will be held Tuesday, April 14 starting at 8 a.m. through Thursday, April 16 at 5 p.m. If your schedule is *flexible*, leave the section below blank. If you have a date and time you prefer or a date and time you are not available please note that below:

Course Date and Time Preferences: _____

Rooms are set classroom style (desk and chairs) with a laptop, projector, and screen for the instructor. Bring your presentation on a thumb drive. If you require anything else, please let us know ahead of time and we will try to accommodate your requests.

Special Classroom Considerations: _____

Return completed form to Dawn Christensen at dchristensen@lhtac.org.