



Region 6 Educator and Provider Support Collaborative

178 Tremont Street, 9th Floor, Boston, MA 02111

<https://region6eps.bostonabcd.org>



Training Confirmation Form

Name of Training:

Max. training capacity:

Vendor Name and Contact Person and phone number:

Name of site:

Address:

Date and Time of Training:

Name and phone # of contact person on site :

Instructor Name and Contact information:

Opening/Closing of site procedures (please note if there are set up or clean up requirements):

Are there any security requirements for the site? If so please list.(sign in, ID required,etc)

Yes

No

Free parking lot adjacent or nearby

Free on-street parking

Metered or garage parking

Other (please specify)

Is the location near public transportation? If so please provide instructions to the location from the public transportation.

Yes

No



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WIFI available? YES NO Tables? Adult Chairs?

Contact information for password for WIFI:

Equipment available on site for presenter: computer(s) projector

projector screen DVD player speakers for presenter's computer dry/erase board

easel

Can materials be shipped directly to this location ahead of time? Yes No

If yes, please specify **mailing location** (if different from site location) and **contact person** who will be receiving the materials.

Any additional information needed:

Reviewed by EPS Staff (Signature and Date)