

MIIA Training Request



(Please email to miiatraining@mma.org)

Request Date _____

Municipality _____

Department _____

Contact _____

Phone Number _____

Email address _____

Type of Training Requested _____

Number of your employees to be trained _____

Training Facility _____

Location _____

Address _____

Resources Available "i.e. Laptop, Screen, LCD Projector" _____

Capacity of Facility _____

Parking Availability _____

Local Caterer _____

Name _____

Phone Number _____