

## Request for TOSHA Trainer/Speaker Complete the following information & email to <u>calvin.wyatt@tn.gov</u>

| Date of request:                           |   |
|--|---|
| Date of the Event:                         | Address of the Event:                       |
| Title of the Event:                        |   |
| Subject of the presentation: (bloodborne p | pathogens, haz com, LOTO, electrical, etc.) |
| Time of the Presentation: (8:00 am)        | Duration of Presentation: (1 hour)          |
| Type of Audience:                          |   |
| Laptop onsite for use by TOSHA trainer?    | (Y or N)                                    |
| Projector & screen onsite for use by TOS   | HA trainer (Y or N)                         |
| Approximate Number of Attendees:           |   |
| Specific Trainer Requested:                |   |
|  |   |
| Name:                                      | Phone:                                      |
| E-mail:                                    |   |
| Company or Organization You Represen       | nt:   |
| Will you charge a fee to attend the event  | ?   |

Attach or describe any other information about the event that could be helpful to the speaker (agenda, brochure, etc):