



Presentation/Training Request Form

Thank you for choosing KM Institute, LLC as a trusted resource for your training and professional growth. Please complete the following information in order to help us provide you a customized training experience that best meets the needs of your organization.

1) Training Topic:

2) Target Audience:

3) Anticipated Number of Attendees: (please circle) 0-10 10-20 20-30 30-50
50-100 100+

4) Requested Training Duration: (please circle) 1-2 hours 3-4 hours 5-6 hours
6-8 hours multiple day training

5) Organization:

6) Training Location and Time(s): _____

7) Please list whether AV/projector equipment is available at your training site.

- AV/Projector
- Computer/laptop with powerpoint
- Presentation pointer
- Not applicable for this presentation