

## IN OUR OWN VOICES, INC. TRAINING REQUEST FORM

Phone (518) 432-4188 | Fax (518) 432-4123 | www.ioov.org | 245 Lark Street, Albany, New York 12210

AGENCY IN	<b>FORMATION</b>	I		
Name of Agency/C	rganization			
Address				
Contact Person		Phone	Phone	
Email				
TRAINING I Type of training requ Virtual In-P LGBT Cultural LGBT Commu LGBT Commu LGBT Commu	NFORMATIC  lested (mark all that appears on **NOTE: Whene  Awareness  Inities & Domestic Vinities & Substance Unities & Sexual Assuuma & its Current Day	PN  ply)  ver possible, virtual training is the preferred method of delivery.  Anti-racism & Homophobia Training is the preferred method of delivery.  Implicit Bias  See Disorder IOOV Program and Services  alt Intersectionality	r Sex and Sex Positivity	
Please list multiple d	ates for trainings if pos	sible, to avoid scheduling conflicts.		
Date Time	Training Number of Hours Participants	Location & Address (if In-Person)		
FACILITY IN Type/Size of Training Which of these are Extension Cord	NFORMATION  ng Room  available? (Mark all	ify for a reduced fee. TOTAL AMOUNT \$	cess	

In Our Own Voices, Inc. offers custom trainings upon request. For more information, call (518) 432-4188.