



ELD Training

empowerment, learning, development

REQUEST FOR CUSTOMIZED TRAINING PROPOSAL

CONTACT INFORMATION

Title

Mr.

Ms.

Dr.

First Name

Surname

Position

Organization / Project

Address

E-mail

Telephone

ABOUT THE TRAINING

Course Objectives: please outline the training needs and subject areas you wish to cover

Estimated number of participants

Participants current level of skill in the area for training

Expert

Working Knowledge

Basic Knowledge

No Knowledge

Further comments regarding participants' level

Expected number of participants

Expected duration (number of days)

Preferred Dates

Alternative Dates

Training location (Country / City)

Logistics

Please indicate who will be responsible for logistics costs

Training venue (including refreshments and lunch)

You

ELD

Accommodation for participants

You

ELD

Accommodation for trainer

You

ELD

Trainer travel cost and related expenses

You

ELD

Printing and preparation of training materials

You

ELD

How did you hear about ELD?

[Please click here to submit this form to us](#)
or save and send as an attachment to mail@eldtraining.com