

VIRTUS - Protecting God's Children Hosting VIRTUS Training Session Form

(Please Print)

Date requested: _____ Starting time: _____
(Sessions average 2-1/2 hours in length.)

Contact Information:

Name: _____ Title: _____

Parish/School: _____

City: _____ Phone: _____ Fax: _____

E-Mail: _____

Facility Information:

Name of room session will be held: _____

Total number of people the room can hold. _____

Room should be set up with tables and chairs facing the screen.

Equipment Required: DVD Player (stand alone) _____ Large Screen _____ or TV _____
Sound System _____

Simple refreshments are expected at each session. Please provide coffee, tea, water, cookies, etc.

Note:

- There will be no admission 10 minutes after the session begins.
- The session is subject to cancellation if there are less than eight (8) people registered 24 hours before the session. Any cancellation notice will be through email.

Someone must be present one hour before the session starts to let in the presenters and at the end of the session to close/lock the room.

Name of that person: _____

Where the presenter will meet the person _____

Signature

Date

Office use only

Approved: _____

Facilitator: _____