

ETHICS TRAINING REQUEST FORM

If you are interested in scheduling one of the PA State Ethics Commission's trainers for your association, agency or organization, please complete this form and submit it to:

PA State Ethics Commission
Attention: Training
PO Box 11470
Room 309 Finance Building
Harrisburg, PA 17108-1470
Fax: 717-787-0806

List the name of your Agency, Organization or Association:

List the Name and Title of a Contact Person(s):

Street Address (city, state, zip):

Phone number and best time to call:

Fax number: _____ email: _____

Time you would prefer training: (circle one):

9:00am to noon

1:00pm to 3:00pm

6:00pm to 9:00pm

Proposed Dates for Training:

Potential number of attendees:

Are you planning to charge a registration fee for training? Yes No

If answer is yes, what will the cost be? _____

Do you have a facility available to hold training? Yes No

Do you have any specific topics or areas of the Ethics Act you would like covered? Yes No
If answer above was yes, please elaborate on issues you would like covered during training: _____

Note: The Ethics Commission prefers a minimum of 20 attendees per training session