

To request MAERS training please mail or fax this completed form to:

MAERS Training Request
Office of Adult Education
WorkForce Development
201 N. Washington Sq., 3rd Floor
Lansing, MI 48913
Phone: (517) 373-8800
Fax: (517) 335-3630

MAERS Training Request Form

School District Name:	
School District Address:	
# of People Requesting Training:	
*Type of Training being requested (please select one): <input type="radio"/> One on One <input type="radio"/> Classroom style without computers <input type="radio"/> Lab style with computers *Type of training may be dependent on facility availability.	
Comments:	
Contact Name:	Contact Phone:
Contact E-Mail:	
Signature:	Date:

Please Note: This form is a request for MAERS training and NOT a registration form. When this form is received, you will be sent a registration form when the date and location (dates, times and locations vary) of the next training session has been determined. Please complete the registration form and fax/mail to our office. Registrants will be seated on a first come, first served basis from the registration forms (not request forms) that are received in our office. You will be e-mailed/faxed a confirmation for the session. Please bring the confirmation to training. Because space is limited, the confirmation is your admittance to the session. For people whose registrations are received after the session is filled, you will be notified that you were not seated and will be placed on the waiting list for the next training session.