



Education Request Form

Applicant Information

Today's Date: _____ Date of Service: _____

Name of Organization: _____

Address: _____

Contact Person: _____

Contact Phone Number: _____

*Type of Organization: _____

*State agency, behavioral health agency, etc. _____

Services Requesting: _____

Presentation

Training for Staff

Exhibit Materials

Specific request information such as topic to be presented, number of people in attendance, or any information that will be helpful.

After completion of the form, please copy and send by email to Elise Mikkelsen (emikkelsen@problemgambling.az.gov)