



BOARD TRAINING QUESTIONNAIRE

Financial Institution name:	
Address, City, State, Zip of Financial Institution and/or contact name:	
Contact name:	
Contact telephone number:	
Contact email address:	
What type of training are you interested in:	Webinar In-person
Session content: <i>(Describe what specific topics you would liked addressed in training)</i>	
Requested training dates: <i>(Please list three dates to choose from)</i>	1. 2. 3.
Requested training time:	
Anticipated number of attendees:	

Return form to Brandie Thacker at brandiet@epcor.org, or via fax at 816.474.0284, or click the submit button to the right.

OFFICE USE ONLY

Final number of attendees:	
Address of training location:	
Presenter:	