



BetterHealth
AMBASSADOR
CITY OF ALBUQUERQUE

Submit this form to:

raChelle Karman rkarman@cabq.gov

Training Request

Ambassador Name: _____

Location: _____ **Location** _____

Training session you are requesting: _____

Please submit this form at least 3 weeks prior to your requested training.

Please make an effort to have an 8 attendee minimum when requesting a training.

Date: _____

Time: _____

Room: _____

How many people do you expect to attend? _____

Parking instructions for facilitator and other important information about your facility, such as security:

(Please provide full address including city and zip)

