



**BetterHealth**  
**AMBASSADOR**  
CITY OF ALBUQUERQUE

Submit this form to:

Lisa Gatan lgatan@cabq.gov

Shannon Brady sbrady@cabq.gov

# Training Request

Ambassador Name: \_\_\_\_\_

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)*

\_\_\_\_\_  
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