



AGENCY/COURT TRAINING/PRESENTATION REQUEST

Please fax your completed request to (916) 653-7625

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ ZIPCODE: _____ COUNTY: _____

CONTACT NAME/TITLE: _____

PHONE: _____ FAX: _____

E-MAIL: _____ NUMBER OF ATTENDEES: _____

PREFERRED DATES:

1ST _____ 2ND _____ 3RD _____

PREFERRED TIMES: *(Please allow 1 to 2 hours for the training/presentation)*

1ST _____ 2ND _____ 3RD _____

Would you like to invite other agencies? (Please check): ☐ Yes ☐ No

If yes, please provide their contact information—names and telephone numbers.

1. _____
2. _____
3. _____

The Safe at Home training/presentation is held via teleconference and with the visual aid of a Power Point presentation. A Safe at Home representative will contact you via email with the date and time of your teleconference, instructions for calling in to the teleconference line, and an electronic copy of the Safe at Home Power Point presentation. Should you have any questions, please feel free to email Safe at Home at safeathome@sos.ca.gov or call us toll-free at 1-877-322-5227.

FOR SAH STAFF USE ONLY

STAFF ASSIGNED: _____

CONFIRMED DATE AND TIME: _____

DATE CONFIRMATION LETTER/EMAIL SENT: _____

MATERIALS SENT (Either via email or USPS mail): _____

COMMENTS: _____