TRAINING NOTIFICATION FORM

**TRAINER:** Please fill out and submit this form to the address below no later than 30 days from the start of an MHSS training course. Thank you.

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Trainer(s’) Name(s): ____________________________

Dates of Training: ____________________________

Time(s): ____________________________

Location of the Training: ____________________________

Phone Number: ____________________________ Email: ____________________________

Class Size Limit: ____________________________

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Upon completing this form, please submit it to:

Scott Bernier
USM Muskie School
The Center for Learning
12 East Chestnut St.
Augusta, ME  04330

Fax: (207) 626-5022
Email: sbernier@maine.edu