

CONTINUING EDUCATION REQUEST FORM

WVLC EMPLOYEE OR
PUBLIC LIBRARY NAME:

ADDRESS:

TELEPHONE NUMBER:

PUBLIC LIBRARY
EMPLOYEE NAME:

CONTACT EMAIL:

PLEASE INDICATE:

GROUP:

INDIVIDUAL:

VENDOR NAME:

VENDOR ADDRESS:

VENDOR CONTACT #:

VENDOR WEB SITE:

VENDOR CONTACT NAME:

NAME OF COURSE:

DATE OF COURSE:

COST:

REASON FOR COURSE:

NOTE: Form and Interagency request **MUST** be submitted to Administrative Services ten (10) working days in advance to ensure registration.