



Request for ATTI Training

Date of Request:

Type of training: _____ Two-day basic _____ One-day follow-up

Applicant agency:

Location of the training:

Best time for the training. List your first three choices (either by month or specific days):

1st choice _____ 2nd choice _____ 3rd choice _____

List communities that will be involved in the training:

What are your goals for the training?

Return to: Bev Ingram/ATTI Coordinator
c/o REACH Inc.
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Juneau, AK 99801
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