

LEAP 2
TRAINING SESSION INTENT FORM

*Please complete and submit to the Ohio Livestock Coalition office a
minimum of 30 days prior to your planned LEAP 2 training session!*

Name of contact person _____

Address _____

City _____ State _____ Zipcode _____ - _____

Phone Number (____) _____ Fax (____) _____

Electronic Mail Address _____

Organizations that will be participating and their pledged contributions/assistance:

Attendance Goal: _____

Dates of Program (month/date/year)

_____ Time _____ AM or PM

_____ Time _____ AM or PM

_____ Time _____ AM or PM

_____ Time _____ AM or PM

Site of Program _____ Town/City _____

Anticipated/Estimated Costs of Program:

Promotion = \$ _____

Meal = \$ _____

Facility Rental = \$ _____

Other = \$ _____ (please describe)

Total Estimated Costs = \$ _____

How will the program be publicized?

PLEASE ATTACH AGENDA FOR ALL PROGRAM DATES & SEND WITH THIS
2-PAGE FORM TO:

Ohio Livestock Coalition
PO Box 182383
Columbus OH 43218-2383
Phone: 614.246.8288
Fax: 614.246.8688