

## **Calendar Submission Form**

Please provide the following information for Submission to the ILCDVP.org Training Calendar.  
All submissions will be reviewed and approved before posting to the ILCDVP web site.

### **Training Name**

\_\_\_\_\_

### **Date(s)/Time/Location**

DATES: \_\_\_\_\_ TIME: \_\_\_\_\_

LOCATION: \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_

### **Overview/Provided CEU's**

BRIEF DISCRPTION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CEU'S: \_\_\_\_\_

### **Cost**

COST: \_\_\_\_\_

### **Contact for Registration**

NAME: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Website: \_\_\_\_\_

**Please return this completed form via email to [ilcdvp@ilcdvp.org](mailto:ilcdvp@ilcdvp.org)**