

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