

**ITS Tech Transfer Road Show
Request Form**

Today's Date: _____ **Number of students attending (max is 35):** _____

Contact Information

Name: _____

Organization/Agency: _____

Street Address: _____

Ph: _____ **Fax:** _____ **Email:** _____

Name, address & title of person signing agreement:

Ph: _____ **Fax:** _____ **Email:** _____

Course Name: _____

Course Number: _____

Please choose 3 possible dates

1) _____ **2)** _____ **3)** _____

Do you prefer morning (8am-Noon) or afternoon (1pm-5pm) for these days? _____

Name /Address of Facility (where course will be held):

How did you hear about this class? (Check One)

Website Catalog Newsletter E-Mail Brochure Other: _____

Please complete and fax or mail this form to ITS Technology Transfer Program,
University of California, Berkeley, 1301 South 46th Street, Bldg. 155,
Richmond Field Station, Richmond, California 94804-4603
Attention: **Daiana Mathis** Phone: 510/665-3625 Fax: 510/665-3454

Please make copies of this form to request more classes.