

2021-22 Core Trainings Request Form

Please check the appropriate box below using a separate registration form for each training program. When splitting a training program, use a separate form for each date of the training.

Is a trainer assigned for this session: Yes (A trainer must be assigned before submitting this form.)

General information

In-person or via Zoom MEA Online: _____

Host IO/local: _____

IO/local president/chairperson: _____

Email address: _____

Phone: _____

Address: _____

City: _____ State: _____ ZIP: _____

Event name: _____

Event location: _____

Event address: _____

Event date: _____

Event time: _____

Registration contact name: _____

Registration contact phone: _____

Registration contact email: _____

- | | |
|---|--|
| <input type="checkbox"/> Member Rights Advocate I | <input type="checkbox"/> Local & Community Action Team II (LCAT) |
| <input type="checkbox"/> Member Rights Advocate II | <input type="checkbox"/> Certified Negotiator Program for ESP I |
| <input type="checkbox"/> Member Rights Advocate III | <input type="checkbox"/> Certified Negotiator Program for ESP II |
| <input type="checkbox"/> Certified Negotiator Program for Teachers I | <input type="checkbox"/> Peer Review: Strategies for Success |
| <input type="checkbox"/> Certified Negotiator Program for Teachers II | <input type="checkbox"/> Health Insurance Basics and Beyond |
| <input type="checkbox"/> Local & Community Action Team I (LCAT) | |

Return form to Education Minnesota, Attn: Policy Department, 41 Sherburne Ave., St. Paul, MN 55103-2119  2274