



1909 East 101st Street  
Cleveland, Ohio 44106

## Blindness Basics Training Request Form

Person or organization requesting: \_\_\_\_\_

Address: \_\_\_\_\_

Contact's Name (If different from above)  
\_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Date(s) and Time(s) for training: \_\_\_\_\_

Please select the training options below that you are requesting and email form and or questions to [ahowerton@clevelandsightcenter.org](mailto:ahowerton@clevelandsightcenter.org) We will contact you to schedule in accordance to your preferred dates, times and our availability.

### Fees below are for requests within Cuyahoga County

**Training Fees:** Two options are available based on your group size.

\$150 (5-20 people)

\$250 (21-40 people)

### Location Options:

Cleveland Sight Center

Your facility (**\$15** flat travel fee will be applied)

**Total: \$** \_\_\_\_\_

For training requests with groups under 5 and or outside of Cuyahoga County call 216-658-8774 or email Alicia Howerton for options and fees.

[ahowerton@clevelandsightcenter.org](mailto:ahowerton@clevelandsightcenter.org)

---

(To be completed by Cleveland Sight Center and will be returned for Payer Signature)

Date & Time of Presentation/Training: \_\_\_\_\_ Total \$ \_\_\_\_\_

Partnership: \_\_\_\_\_

Program (Payer) Signature: \_\_\_\_\_

Return this signed form to [ahowerton@clevelandsightcenter.org](mailto:ahowerton@clevelandsightcenter.org)

Payment required after confirmation of training date. Payment must be received *before* scheduled training. Please call Billing # at 216-658-4554 to pay by credit card over the phone or mail check to:  
*\*please indicate "Blindness Basics" & date in the memo*

Cleveland Sight Center  
PO Box 92944  
Cleveland, Ohio 44194