

# Blindness Basics Training Request Form



Please select the requested training options below and email form and or questions to [ahowerton@clevelandsightcenter.org](mailto:ahowerton@clevelandsightcenter.org). For trainings for less than 5 people, please email Alicia directly without the form.

Name of person/organization requesting: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Preferred training date(s): \_\_\_\_\_ Preferred training time(s): \_\_\_\_\_

## Training fees below are for requests within Cuyahoga County:

\$150 (5-20 people)

\$250 (21-40 people)

### Location:

Cleveland Sight Center

Your facility (\$15 travel fee)

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

## To be completed by Cleveland Sight Center and returned for payer signature:

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

Payer Signature: \_\_\_\_\_

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

Cleveland Sight Center  
PO Box 92944  
Cleveland, Ohio 44194

\*please indicate "Blindness Basics" & date in the memo

**For more information  
contact us at:**

**(216) 791-8118  
[info@clevelandsightcenter.org](mailto:info@clevelandsightcenter.org)  
[clevelandsightcenter.org](http://clevelandsightcenter.org)**

**University Circle  
1909 East 101st Street  
Cleveland, OH 44106**