## **Training and Travel Request Form**

## **Contact Information**

- 1. Name of entity or conference requesting training:
- 2. Point of contact name:
- 3. Point of contact Information (Email/Phone Number):

## **Training Information**

4. Requested training topic. Review and consider requesting an existing training through the <u>link to the Access Board's archived webinars/topics</u>.

Select one or more of the following topics:

- a. Architectural Barriers Act (ABA) Accessibility Standards for Federal Facilities
- b. Americans with Disabilities Act (ADA) Accessibility Standards
  - i. Title II—State and Local Government Facilities
  - ii. Title III—Public Accommodations and Commercial Facilities
- c. Public Right-of-Way Accessibility Guidelines (PROWAG)
- d. Information and Communication Technology (ICT) Accessibility 508 Standards
- e. ADA Accessibility Guidelines for Transportation Vehicles
- f. Proposed ADA Passenger Vessels Accessibility Guidelines (PVAG)
- g. Accessibility Standards for Medical Diagnostic Equipment (MDE)
- h. Other:
- i. Specific Topic (e.g., Toilet Rooms):
- 5. Level of training content to be delivered:
  - a. <u>Introductory</u> (This content level is designed for those with little to no prior experience in the subject area, providing foundational knowledge and skills).
  - Intermediate (This content level assumes some familiarity with the basic literature and experience in professional practice, requiring more advanced knowledge and skills).
  - c. <u>Advanced</u> (This content level assumes established experience, knowledge, and skill, focusing on comprehension of current literature and the synthesis and application of information to advance current practices).

## **Logistics**

6.	What is the preferred date range and time of day for training (include time zone if not ET):
7.	Training Duration:
	Presentation Time:
	Questions and Answers Time:
8.	Who is the intended audience for this training (Select all that apply):
	a. Federal Government
	b. State/Local/Municipal Government
	c. Private Entity
	d. Non-profit Organization e. Members of the Public Other:
9.	Estimated number of expected attendees:
10.	. Types of professions in the audience: (Select all that apply)
	a. ADA Coordinator/ Accessibility Specialist
	b. Building Official/ Code development or enforcement
	c. Construction manager/professional
	<ul><li>d. Design Professional (e.g., architect, engineer, Interior Designer)</li><li>e. Manufacturer/ Vendor</li></ul>
	f. Information and Communication Technology Professionals (e.g., 508 coordinators, web, and software developers, etc.)
	g. Public engagement professionals (e.g., communication or public relations, etc.)
	h. Other (Please specify)
11.	. What is the knowledge/proficiency level and/or accessibility experience of the expected
	audience? (Select all that apply)
	a. Beginner
	b. Intermediate
	c. Experienced
	d. Expert

- 12. Is there a registration fee for a presenter?
  - a. Yes, Add cost for presenter
  - b. No
- 13. Type of training:
  - a. Virtual
  - b. In-person
  - c. Hybrid of both In-person and virtual
- 14. Is travel required outside of the Washington, D.C. Area?
  - a. Yes, location/address:
  - b. No
- 15. Is the requesting entity offering to cover any of the following costs? (*Note*: The Access Board is prohibited from accepting reimbursement for costs; only in-kind costs are permitted)
  - a. No costs covered
  - b. Transportation (e.g., airfare, ground transportation parking, etc.):
  - c. Lodging:
  - d. Meals (e.g., breakfast, lunch, dinner, other—please specify):
  - e. Conference registration fee:
  - f. Other (please specify):