

Office of Workforce Diversity
The Johns Hopkins Health System
550 N. Broadway - Suite #401
Baltimore, Maryland 21205
(410) 955-6783 - office
(410) 955-3516 - office
(410) 614-8282 – fax



TRAINING PRESENTATION REQUEST FORM

Please submit at least two weeks prior to your requested training date(s)

Contact Information:

Department Name: _____
Contact Person: _____
Email address: _____
Office phone: _____ Cell phone: _____

Pre-Meeting: *We would like to schedule a pre-meeting to better understand your needs.*

Suggested Date: _____ Time: _____ Location: _____

Presentation Logistics:

Please provide at least two preferred dates for your presentation(s). We will make every effort to accommodate your request.

Date(s) _____ (1st choice) Time(s) _____
Date(s) _____ (2nd choice) Time(s) _____

Amount of time for presentation and discussion: _____ hour(s)

Location: Building _____ Room Number _____

Number of attendees for each presentation _____

Topic(s) to be covered:

Sexual Harassment Diversity & Inclusion Respect Cultural Competency Other
If Other, please list _____

Please list any specific issues or incidents which would be helpful for presenter to know: _____

Equipment to be provided by Department:

LCD with all applicable cables Yes No

Laptop Yes No

Remote to advance power point Yes No

Department to set up LCD in advance of presentation Yes No

Name and phone number for contact person for Department equipment _____

Please scan and email or fax completed In-Service Training Request Form to the following:
Zina Brown: zbrown2@jhmi.edu or (410) 614-8282 (fax)

Your Training Request(s) are not scheduled until you receive an email confirmation from the Office of Workforce Diversity