



**FLEX TRAINING QUESTIONNAIRE**

Financial Institution name:	
Address, City, State, Zip of Financial Institution and/or contact name:	
Contact name:	
Contact telephone number:	
Contact email address:	
What type of training are you interested in:	
Session content: <i>(Describe what specific topics you would liked addressed in training)</i>	
Level of training requested:	
Requested training dates: <i>(Please list three dates to choose from)</i>	1. 2. 3.
Requested training time:	
List anticipated attendees: <i>(i.e. Board member, Operations staff, IT staff, Compliance staff, etc.)</i>	

**OFFICE USE ONLY**

Final number of attendees:	
Address of training location:	
Requested presenter (optional):	