Personality DIMENSIONS®
WORKSHOP REQUEST FORM

KONDOR
ENTERPRISES

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ **PROV:** _____

POSTAL CODE: _____ **PHONE: (_____)** _____

WEBSITE: _____ **EMAIL:** _____

INFORMATION ABOUT PROPOSED WORKSHOP

TITLE/DESCRIPTION OF REQUESTED WORKSHOP: _____

_____

_____

REQUESTED SESSION DATES: _____

REQUESTED SESSION TIMES: _____ _____ _____
                             START TIME   END TIME   BREAK TIME

NUMBER OF PARTICIPANTS: _____ **DO THEY KNOW EACH OTHER?** _____

BACKGROUND OF PARTICIPANTS: _____

_____

_____

LOCATION OF WORKSHOP: _____

THEME/OBJECTIVE OF WORKSHOP: _____

_____

_____

PROPOSED BUDGET: _____

OTHER INFORMATION: _____

_____

_____

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