



University Circle:
1909 East 101st Street
Cleveland, Ohio 44106-4110
216-791-8118
clevelandsightcenter.org

Highbrook Lodge:
12944 Aquilla Road
Chardon, Ohio 44024

Blindness Basics Training Request Form

Person or organization requesting: _____

Address: _____

Contact's Name (If different from above)

Telephone # _____ Email: _____

Preferred Date(s) and Time(s) for training: _____

Please select the training options below that you are requesting and email form and or questions to kcallahan@clevelandsightcenter.org We will contact you to schedule in accordance to your preferred dates, times and our availability.

Fees below are for requests within Cuyahoga County

Training Fees: Two options are available based on your group size.

\$150 (5-20 people)

\$250 (21-40 people)

Location Options:

Cleveland Sight Center

Your facility (**\$15** flat travel fee will be applied)

Total: \$ _____

For training requests with groups under 5 and or outside of Cuyahoga County call 216-658-8774 or email Kristen Callahan for options and fees.

kcallahan@clevelandsightcenter.org

(To be completed by Cleveland Sight Center and will be returned for Payer Signature)

Date & Time of Presentation/Training: _____ Total \$ _____

Partnership: _____

Program (Payer) Signature: _____

Return this signed form to kcallahan@clevelandsightcenter.org

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

Cleveland Sight Center
PO Box 92944
Cleveland, Ohio 44194