



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

Highbrook Lodge:
12944 Aquilla Road
Chardon, Ohio 44024

Working with Students with Multiple Disabilities and Vision Loss Training Request Form

Please call to learn if this training is currently being scheduled.

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:

Onsite Fee (at Cleveland Sight Center): \$20/per person (minimum of 6 participants required)

Off-site Fee: \$25/per person (minimum of 6 participants)

Total: \$ _____

Email Kristen Callahan at kcallahan@clevelandsightcenter.org or call at 216-658-8774 with questions or training requests outside of Cuyahoga County.

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

Date & Time of Presentation/Training: _____

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 "Students with Multiple Disabilities" & date in the memo*

**Cleveland Sight Center
PO Box 92944
Cleveland, Ohio 44194**