

# THRESHOLDS Training Inquiry Form

date of request:



## CONTACT INFORMATION:

name:

organization:

e-mail:

phone number:



## NATURE OF REQUEST :

request type:

briefly describe  
request

approximate time  
frame for  
request:



**AVAILABILITY:**

best time to  
reach you?:

9 AM to 12 PM

12 PM to 5 PM

Other

best day  
of week

how did you hear  
about  
Thresholds?

**THANK YOU:** Please save then email this form to [Workdevelopment@thresholds.org](mailto:Workdevelopment@thresholds.org).

A representative from our Workforce Development Department will contact you soon!