



Submit New Event



Instructions

Enter the requested information below, then click the **Save** button. The event will be reviewed by Staff Development and if approved, it will be added to the Statewide Training Calendar.

Event Information

Title		Location <i>Building #, room #, etc.</i>	
City		County	
Start Date/Time		End Date/Time	
Description			
All Day Event?		Internal or External Training?	Internal
Recurrence?			External
Choose how often the training repeats:		End of Occurrence(s): <i>Enter the date the occurrence(s) will end.</i>	
<i>For example, on the 3rd day of the week, or every Wednesday, or on the 18th of the month, or the 1st Tuesday of February</i>		-OR-	End After _____ Occurrence(s)
		-OR-	_____ No End Date
Program Area or Unit:		Contacts: <i>Enter names and emails and/or phone numbers of contacts.</i>	
Registration Information:			
Travel Information:			
Other Information:			

Reset Form

Submit Form