REQUEST FOR
CERTIFIED TRAINER

Name: ____________________________  Title: ____________________________

District: __________________________ Phone Number: ______________________

Date(s) Needed: ______________________  Location: __________________________

Trainer Requested: __________________________

Type of meeting:  Number of Expected Attendees: ______________________
    __ District Conference  __ District Convention
    __ Regional Meeting  __ Special Meeting

Please check training areas requested of Certified Trainer:

Officer training:
    ___ Club Presidents
    ___ Club Presidents-Elect
    ___ Club Secretary-reausers
    ___ Club Secretary-Treasurers-Designate
    ___ Lieutenant Governors
    ___ Lieutenant Governors-Elect

Presentations:
    Please indicate type of presentation (W=Workshop or A=All Attendees) in front of topics to be
    covered, and note time (minutes) allocated in the parentheses.
    ___ Catch a Rising Star (   )
    ___ Communication (   )
    ___ Just ask (   )
    ___ Membership (   )
    ___ New Club Building (   )
    ___ OI Foundation (   )
    ___ Parliamentary Procedure (   )
    ___ Strategic Planning (   )
    ___ Team Building (   )
    ___ Other topic ____________________________________________ (   )

Skills Development Modules:
    ___ Choosing Optimism as Philosophy of Life (   )
    ___ Creative Problem Solving (   )
    ___ Diversity (   )
    ___ Leadership Styles & Profiles (   )
    ___ Managing Change (   )
    ___ Mentoring (   )
    ___ Orientation to Optimism (   )
    ___ Parliamentary Procedure (   )
    ___ Public Speaking (   )
    ___ Time Management (   )
    ___ Team Building (   )

Certified Trainer is requested to be speaker at:  ___ Breakfast  ___ Lunch  ___ Dinner

Topic to be covered: ___________________________________________________________

Time (minutes) allocated: ____________________________________________________

Other special trainers and dignitaries anticipated at the meeting: ______________________

To qualify for air travel reimbursement, the Certified Trainer’s contact hours must equal at least 100
hours based on the following formula:  __# people times __ amount of time  Example: (40 people times
2 hours = 80 hours) plus (25 people times 1 hour = 25 hours) = 105 total hours

FORWARD REQUEST TO:  Stephanie Monschein, Director, Leadership Development
                      Optimist International
                      4494 Lindell Boulevard
                      St. Louis Mo 63108
                      Fax: 314-735-4106  stephanie.monschein@optimist.org