



San Bernardino County Superintendent of Schools
POSITIVE PREVENTION PLUS TRAINING
Sexual Health Education for California Youth
Middle School or High School
REQUEST FORM

Please Print:

Name _____
 Agency _____
 Address _____
 City _____ State _____ Zip _____
 Phone (____) _____ E-mail _____

Cost of Training: \$1500.00 / One day presentation (which includes all travel)

Training Date(s) Requested: _____

MAKE CHECKS PAYABLE TO: SBCSS

Mail or Fax to:

San Bernardino County Superintendent of Schools
 Administrative Services Division
 601 North "E" Street
 San Bernardino, CA 92415-3093
 Fax (909) 386-2940

Additional questions or for available training dates, please contact us at (909) 386-2910.

If Board approval is needed for a consultant contract for this training, please attach the contract for our signature. SBCSS will sign the contract and return for your Board action. We can not provide the training until your Board has approved the contract. Please fax the approved contract following the Board's approval. We also need to have a purchase order number before scheduling the requested training.

Purchase order number: _____

Program Manager Signature

Date