

Mission Statement

The mission of Jim Shipley & Associates, Inc. is to serve as the catalyst for educational improvement by providing services and products that engage educators in a practical approach to using Baldrige Criteria to achieve and sustain performance excellence.

In an effort to serve you better, **we ask that you fill out PART I of this RFS completely**, save it to your computer, and return completed form via email to the JSA trainer you are working with **OR** to jimshipley@mindspring.com. Your request will be processed and you will receive notification confirming/approving your request once a trainer has been assigned. Following JSA's approval of your request, **please make any cancellations/changes prior to 60 days before the training in order to avoid cancellation penalties.**

PART I: Client Request

Today's Date: _____	Training Date Requested: _____	Expected Number of Participants: _____
Training Site Location: _____		Suggested Airport: _____

Service Requested/Special Considerations:

CONTACT INFORMATION

Name: _____
 Position: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Alt. Phone: _____ (Evenings/Weekends/Emergency)
 Email: _____
 PO#: _____

BILLING INFORMATION (if different from contact)

Name: _____
 Position: _____
 Organization: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Alt. Phone: _____ (Evenings/Weekends/Emergency)
 Email: _____
 PO#: _____

PART II: For JSA Staff Use Only

Date Assigned: _____ Lead Trainer: _____ Co-Trainer(s): _____ Practitioner(s): _____
 Confirmed Training Date(s): _____ Confirmed Training Location: _____
 Confirmed Times: _____ Confirmed Airport: _____
 Confirmed # of Participants: _____ Training Title/Topic: _____
 Audience Description: _____
 Desired Outcome/Training Description: _____
 Room/Equipment Needs: Yes No
 Agenda: Yes No
 Tips for Successful Training: Yes No
 Evaluation Forms: Yes No
 Special Travel Considerations: _____
 Materials Needed: Yes No
 Date Needed: _____
 Ordered: Yes No
 Date Ordered: _____
 Special Shipping Instructions: _____
 Confirmed Bill to/Ship to Address: Yes No