

**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](mailto: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