



Tickets.com Follow-up Training Request Form

Note: Use this form to request training to be delivered in the **U.S. and Canada only**.

Contact Information

Contact Name:
Title:
Organization Name:
Address line 1
Address line 2:
City:
State/Province:
Country:
Zip:
Primary Phone:
E-mail:
Fax:

ProVenue® Product/ Service:

- | | |
|--|--|
| <input type="checkbox"/> ProVenueMax® | <input type="checkbox"/> Advantix® |
| <input type="checkbox"/> ProVenuePlus® | <input type="checkbox"/> ARS® |
| <input type="checkbox"/> ProVenueGrand Slam® | <input type="checkbox"/> Campaign Creator® |
| <input type="checkbox"/> ProVenueElite® | <input type="checkbox"/> ProVenueReports® |

Number of Attendee(s): _____

Training Requests:

Timeline: 0-30 days 31-60 days 60 + days

Training Type:

- | | |
|---|--|
| <input type="checkbox"/> New Product Training | <input type="checkbox"/> New Employee Training |
| <input type="checkbox"/> Specialty Module | <input type="checkbox"/> Specialty Group |
| <input type="checkbox"/> Fund | <input type="checkbox"/> Box Office |
| <input type="checkbox"/> Tour/Group | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Organizational | <input type="checkbox"/> Development |
| <input type="checkbox"/> PVAdmission | <input type="checkbox"/> Group Sales |

Function-specific Training:

Specific topic area:

Desired competency skills to be acquired through this training:

Please give us a description of your learners or any other pertinent information:

If you are not sure about your training accommodations, complete the form and let's talk about it.

Please complete the Training Request Form and return via email to: PVTrainingDept@tickets.com
or fax back to the ProVenue® Training Department at (714) 242-7309.