

SIMPSON STRONG-TIE®

COMPANY,

INC.

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Training Request Form

Please answer the following questions and submit via email to the Training Department. Once the event is set up in the CLMS, you will receive an email with a direct URL link to your event for you to forward to your customer contact.

Project Sponsor:				Ві	anch		Curre	ent Date	
Presenter:									
Targeted Audience(s):	Engineer	Architect	Designer	Inspector	Builder	Contractor	Supplier	Installer	
Check all that apply									
Event Date:	Start 7	Гіте: 	En	d Time:	Ev	ent Length (ho	ours): ——	Time Zone:	
☐ Hidden From Public \	/iew?	AIA Credits?	r ☐ ICC	Credits?	CEU Cree	dits? 🗌 Ot	her Credits		
Customer/Location Infor	mation								
Company Name:							_		
Address:			City:			State:	Zip:		_
Office Phone:	Cor	ntact Name:			Conta	ct e-mail:			
Training Subject Inf	ormation	:							
☐ This is an existing CO	URSE in the (CLMS Cou	urse Code: _		Cou	urse Title:			
Test Format				Certificate M	lethod				
☐ This is a NEW COURSE	or Presenta	tion If this	s is a new 1	opic, prese	entation etc	c. We need t	he followii	ng here or atta	ched.
		Do not fil	II in below	if this is an	existing C	OURSE			
Primary Learning Objectiv	ves:								

Course Description	n:				
Course Outline:					
Existing Test in	n the CLMS?	Same test as Co	ourse Code:	_	
Test Questions wit	:h answers				