

RESPONSE:

\_\_\_\_\_ would like to schedule a 12  
(Name of organization)

Hour Mental Health First Aid Training. This training takes place over 2 days.

The following dates are available:

Date preference #1 - \_\_\_\_\_

Date preference #2 - \_\_\_\_\_

Date preference #3 - \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title: \_\_\_\_\_

Send completed form to:

Mental Health Association in Talbot County  
611B Dutchman's Lane  
Easton, MD 21601

ATTN: MHFA Coordinator