Kao ICS Equipment Training Session Request

Please fill out this form if you require a training session on the equipment you are requesting for your workshop or group work.

**Organization Contact**

Organization Name: __________________________________________________________

Contact Name: ____________________________________________________________

Contact Number: ______________________ Contact Email: _______________________

**Kao ICS Time Request**

Number of attendees: ________

Date of request (MM/DD/YYYY): ______________ Appointment time requested: ______________

After 6:00 PM or weekend (Saturday or Sunday)?  Y/N __

Description of project:
________________________________________________________________________
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________________________________________________________________________

Specialized instruction required (specific machines needed or other needed instruction):
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________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

Please email the completed form to the Kao ICS email (ics@utk.edu) to complete scheduling.