



## LOCAL AGENCY AND VENDOR LIAISON REQUEST TO ATTEND VENDOR EDUCATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Agency #: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please indicate what session(s) you would like to attend (specify date & location)

**Please fax this form to:**

**Vendor Training Section**

**FAX (916) 440-5570**

**If you have any questions, please call (916) 928-8520 or email**

**[WICvendorED@cdph.ca.gov](mailto:WICvendorED@cdph.ca.gov)**