



# OREGON-IDAHO HIDTA TRAINING

## Course Attendance Request

**Course Information (attach course announcement)**

Course Title	
Course Date(s)	
Total Training Hours	
Provider Name	
Provider Phone	
Location	

### Cost of Training

Tuition	
Materials	
Travel	
Lodging (per diem rate)	
Meals (per diem rate)	
Other (specify)	
<b>TOTAL:</b>	

### List Applicants

Name	Agency	E-mail Address	Phone Number

Requesting Supervisor	
Agency/Team Name	
Agency/Team Address	
Agency/Team Phone Number	

\*Send completed form to HIDTA Program Coordinator Tim Doney at [timothy.doney@state.or.us](mailto:timothy.doney@state.or.us).

For Oregon-Idaho HIDTA Training Initiative Office Use Only:

Request Approved By \_\_\_\_\_