



Instructor Information

Instructor Name: _____

Company Representing: _____

Email: _____

Phone Number: _____

Short Biography (appreciated not required):

Course Information

Course Name: _____

Length: _____

Description:

Target Audience: _____

Classes will be held Tuesday, January 28th starting at noon through Friday, January 31st at noon. If your schedule is *flexible*, leave the section below blank. If you have a date and time you prefer or a date and time you are not available please note that below:

Course Date and Time Preferences: _____

Rooms are set classroom style (desk and chairs) with a laptop, projector, and screen for the instructor. Bring your presentation on a thumb drive. If you require anything else, please let us know ahead of time and we will try to accommodate your requests.

Special Classroom Considerations: _____

**Returned this completed form to Holly Garcia (hmgarcia@micron.com).
These details help us plan accordingly.**