



# PaCE Training Request Form

To request a Postsecondary and Career Exploration (PaCE) training, return a completed PaCE Request Form no more than *five (5)* months and no less than *three (3)* weeks prior to the event. Submit your completed PaCE Training Request Form to:

Division of College Access and Outreach  
Illinois Student Assistance Commission  
1755 Lake Cook Road  
Deerfield, IL 60015-5209  
FAX: 847-831-8508  
E-mail: [isac.pace@isac.illinois.gov](mailto:isac.pace@isac.illinois.gov)

## SECTION I – Training Logistics

Training Sponsor Organization: \_\_\_\_\_

Training Location: \_\_\_\_\_

Street Address	Building/Room Number	
_____	_____	
City	State	Zip Code
_____	_____	_____

Training Contact: \_\_\_\_\_

First Name	Last Name
_____	_____
Title	Organization
_____	_____
( _____ )	
Area Code & Phone Number & Extension	Email Address (required)
_____	_____

## SECTION II – Training Profile

**Training and Presentation Options:** *Choose the option that is right for your setting.*

- 1 hour overview (Webinar only)
- 2 hour introduction workshop: Background of PaCE framework, walk through and example of workshop steps and materials
- 3+ hour workshop: Background of PaCE framework, in-depth explanation of workshop steps and materials with time allowed for group work (the longer the workshop, the more time for group work). Please indicate the number of hours requested: \_\_\_\_\_

Training Date: \_\_\_\_\_ Training Time: From: \_\_\_\_\_ a.m. To: \_\_\_\_\_ a.m.  
MM/DD/YYYY p.m. p.m.

**Anticipated Number of Attendees:**  10 or under  11-20  21-30  Other: \_\_\_\_\_

**Audience** (select as many as apply):

- Counselors  Principals  Administrators
- Teachers  Superintendents  Other: \_\_\_\_\_

**How Did You Hear About PaCE?** \_\_\_\_\_

## For ISAC Use Only

_____	_____	_____	_____	_____
ORF Received	Recorded in OD	Staff Assigned	Confirmed	OD Complete
ISAC #F3249 (ON3249) 10/11			Printed by authority of the State of Illinois	