



# Mobile Workforce Assistance Center Request

## EVENT INFORMATION

EVENT DATE: \_\_\_\_\_

TIME: START: \_\_\_\_\_ END: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

## CONTACT INFORMATION

DEPARTMENT/ORGANIZATION: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

EVENT DETAILS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

\*HOW MANY PEOPLE EXPECTED TO ATTEND: \_\_\_\_\_

\* FOR STAFFING PURPOSES ONLY

Job Seekers should have basic computer skills. Please return this form to  
Fax: (305) 470-5522 or E-mail: [mobile@southfloridaworkforce.com](mailto:mobile@southfloridaworkforce.com)

**PLEASE NOTE:** Due to the high demand for the Mobile Workforce Assistance Center submit requests one month prior to the scheduled event.

## FOR SOUTH FLORIDA WORKFORCE USE ONLY

Mobile Scheduled: \_\_\_\_\_ Confirmed: \_\_\_\_\_