



**MISSOURI TRANSITION TRAINING INSTITUTE  
 REQUEST FOR PROPOSAL FORM**

**INSTRUCTIONS**

Request for Proposal Forms must be submitted by April 15 via email to [seep@dese.mo.gov](mailto:seep@dese.mo.gov) or by fax to 573-526-5946.

Questions: 573-751-7661

**CONTACT INFORMATION**

MAIN PRESENTER NAME		TITLE
SCHOOL DISTRICT/AGENCY	COUNTY-DISTRICT CODE	
WORK PHONE	CELL PHONE	EMAIL
PREFERRED METHOD OF CONTACT	BEST TIME TO CONTACT	

Share contact information with institute participants?

- Yes     Email Only     Email and Phone     No

Reimbursement Option: (Select only one option.)

- School District Employee** - Reimbursement will go directly to my school district by way of payment transmittal.     **Individual** - I am not employed currently by a state agency or school district.

Please bring your own computer, projector and additional supplies (chart paper, markers, pens, etc.) needed for use during the session. If you are unable to provide your own equipment or require special accommodations, indicate your preferences below and describe what special accommodations you will require.

- Laptop  
 Projector  
 Internet access  
 Special accommodations (specify):

**ACADEMIC BIOGRAPHY**

Provide a brief summary describing your current position, general interests, etc.

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