



ARKANSAS MUNICIPAL LEAGUE

REQUEST FOR TRAINING FORM

Step 1: Complete Registrant Contact Information.

Full Name:

Title:

Phone:

Email:

Fax:

City/Organization:

Address:

City:

State:

Zip:

Step 2: Please describe the type of training you wish to receive from the *Arkansas Municipal League (AML)*?

Please note that these courses are for training purposes only. The content is not intended to be legal advice. Questions on League training should be directed to amltraining@arml.org.