

Diabetes Training 101 Inc. Workshop Planner Sheet

Thank you for requesting a training program from us.

Please fill in as much as of this planning sheet as you can so we can determine your learning needs, audience type and size, and plan accordingly.



Host Information

- **Host Name:** _____
 - **Organization (if applicable):** _____
 - **Email:** _____
 - **Phone:** _____
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Workshop Details

- **Workshop Title:** _____
 - **Preferred Date(s):** _____
 - **Preferred Time(s):** _____
 - **Workshop Duration:** 60 min 90 min 2 hours Other: _____
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Location & Setup

- **Workshop Format:** In-Person Virtual Hybrid

If In-Person:

- **Venue Name:** _____
- **Venue Address:** _____
- **Room Name/Number:** _____
- **Room Capacity:** _____

If Virtual:

- **Platform:** Zoom Teams Google Meet Other: _____
- **Host Responsible for Link?** Yes No
- **Meeting Link:** _____

Audience Information

- **Estimated Number of Attendees:** _____
 - **Audience Type(s):**
 - Healthcare Professionals
 - Patients / Community Members
 - Students
 - Mixed
 - Other: _____
 - **Training Background Level:**
 - Beginner
 - Intermediate
 - Advanced
 - Unsure, we need to discuss this
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Equipment & Technology Needs

- **Available On-Site:**
 - Projector
 - Screen
 - Laptop
 - Speakers
 - Microphone
 - Whiteboard / Flipchart
 - Reliable Wi-Fi
 - Other: _____
- **Items Host Must Provide:** _____
- **Items Presenter Must Bring:** _____

Materials & Handouts

- **Will printed handouts be needed?** Yes No
- **If yes, who will print?** Host Presenter
- **Additional Materials Required:** _____

Registration & Promotion

- **Will participants pre-register?** Yes No
- **If yes, who with? Please share online link or registration method:**

- **Program promotion channels (check all that apply):**
 - Email blast
 - Social media
 - Posters/Flyers
 - Website
 - Word of mouth
 - Other: _____

Accessibility & Special Considerations

- **Accessibility needs (if known):** _____
- **Special nutrition needs (if providing food):** _____
- **Any health-safety protocols:** _____
- **Other special requirements:** _____

Additional Notes
