

**LACKAWANNA COLLEGE TRAINING INSTITUTE  
INFORMATION FORM**



Company Name: \_\_\_\_\_

Company Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

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Name and Title of Company Official (Please print)

Official's Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Please check the box that best describes the size of your Company:

- Under 50
- 51-100
- 101-500
- 501-1000+

What if any hiring needs do you foresee in the immediate future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What kinds of training needs do you foresee in the immediate future?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am interested in becoming a Partner in the Lackawanna College Training Institute.

YES \_\_\_\_\_ NO \_\_\_\_\_