

# Request Form for Custom Training Program

## Instructions

Once completed, this form may be saved to your desktop. To submit, ask questions about, or check the status of your request, email the Visa Business School at [visabusinessschool@visa.com](mailto:visabusinessschool@visa.com). Please allow 72 hours for response.

## Client Information

Requestor name:				BID (if known):	
Name of Financial Institution:					
Type of Financial Institution:	<input type="checkbox"/> Issuer	<input type="checkbox"/> Acquirer	<input type="checkbox"/> Both		
Address:					
City:		State:			
Country:		Postal code:			
Email:					
Business phone:		Cell phone:			

## Business Development or Account Manager Information (if applicable)

Requestor name:					
Address:					
City:		State:			
Country:		Postal code:			
Email:					
Business phone:		Cell phone:			

## Type of Request

Who we should contact first when we respond?	<input type="checkbox"/> Client	<input type="checkbox"/> Business Development/Account Manager
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What type of training program you are interested in?	
<input type="checkbox"/>	A custom program for your organization
<input type="checkbox"/>	A joint custom program with other clients

<b>1.</b>	What triggered this request?

<b>2.</b>	What topics do you need to cover?				
<input type="checkbox"/>	Acquiring & Acceptance	<input type="checkbox"/>	Fundamentals	<input type="checkbox"/>	Bankcard Strategy and Management
<input type="checkbox"/>	Chargebacks & Disputes	<input type="checkbox"/>	Operations & Technology	<input type="checkbox"/>	Products & Marketing
<input type="checkbox"/>	Risk & Security	<input type="checkbox"/>	Other:		

For the topics selected above, please provide more detail as to the information you would like to see covered:

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## Type of Request (continued)

<b>3.</b>	Who is the audience? <i>Please specify job roles or job functions.</i>					
<b>4.</b>	How many will be participating?					
<b>5.</b>	What is their experience level?	Beginner	Intermediate	Advanced		
	<i>If the audience will have a mixture of experience levels, please comment in question 3.</i>					
<b>6.</b>	For in-person classroom training, please specify the following:					
<b>A.</b>	Where do you want the course hosted?					
	Location:					
<b>B.</b>	What is your preferred week of delivery for the course? Please provide three options:					
	Week desired:	Week desired:	Week desired:			
<b>C.</b>	Desired length of the course?	Half Day	1 Day	2 Days	3 Days	Other:
<b>7.</b>	What language would you prefer to have the training delivered in?					
	English	Spanish	Portuguese	Other:		
<b>8.</b>	Please provide any other additional information or details that would be helpful to us in developing your training program:					

## Submit Request

Save and submit completed form to:	<b>VisaBusinessSchool@visa.com</b>
For questions, email:	<b>VisaBusinessSchool@visa.com</b>