

Pace School's Request for Service

Contact Person making request: _____

Date: _____

Telephone: _____

E-mail: _____

Fax: _____

School District, Agency or Other: _____

Topic of Interest: _____

Anticipated Audience and number: _____

Budget Information: _____

Training or Consultation Preferred: _____

Date: _____

Time: _____

Location: _____

Please fax, mail or e-mail to: ***Pace School, 2432 Greensburg Pike, Pittsburgh, PA 15221***

Fax: 412-244-0100

E-mail: pace@paceschool.org