**TRAINING REQUEST FORM**

**TRAINING EVENT INFORMATION**

Name of company/unit:

Point of Contact:

Email:

Phone:

Address:

City/State/Zip Code:

Course(s) requested:

Requested date:

Alternate date:

Number of students:

**GENERAL AREA**

Recommended airport:

Approximate distance from training site:

**TRAINING LOCATION AND INFORMATION**

Training Officer/POC:

Phone:

Email:

Classroom location:

Street address:

City/State/Zip Code:

**WILL INSTRUCTORS HAVE ACCESS TO ANY OF THE FOLLOWING ON SITE:**

1. Screen?
2. Projector?
3. Laptop or computer with PowerPoint 2007 or higher and flash-drive compatibility?
If not, are appropriate connections available for hookup of an external laptop?
4. Internet access? *(wireless or hard-wired)*

*(continued)*

Will instructors need special certification or clearance in order to instruct at your facility?

At what time will instructors have access to the training facility/classroom ***the day prior*** to the training for purposes of set up and A/V checks?

If access is not available the day prior, how early on the day of training will the instructors have access to the site? *(recommend no less than 1 hour prior to start)*

**Please use the space below to provide any further relevant information you feel will make your training a successful endeavor:**