

# REQUEST FOR ACS STAFF TO FACILITATE TRAINING / BRIEFING

*Please submit a minimum of 4 weeks prior to your event. E-mail completed form to kevin.j.herman.civ@mail.mil*

REQUESTING UNIT / AGENCY: \_\_\_\_\_

POC: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

TRAINING DATE AND TIME: \_\_\_\_\_

TRAINING LOCATION: \_\_\_\_\_

*If training location is not the ACS center will there be access to power point?      Yes      No*

TRAINING LENGTH: \_\_\_\_\_

NUMBER ATTENDING *(to assure we have adequate handouts):* \_\_\_\_\_

IS TRAINING TO BE DONE FOR UNIT:

On Alert for Deployment:      Yes      No

Preparing for Deployment:      Yes      No

Currently Mobilized Assigned to Fort McCoy:      Yes      No

Returning from Deployment:      Yes      No

BRIEFLY DESCRIBE REQUIRED TRAINING NEEDS:

