



Hosting Information Packet

Agency Name:	
Contact Name:	
Your Mailing Address:	
City/State/ Zip Code:	
Agency Telephone:	
Agency FAX:	
Email:	
Class Location:	
Parking Information:	
How many students will the classroom hold comfortably?	

Please indicate your classroom configuration:

Tables	PowerPoint Projector	Screen
Chairs	Theatre Seating	White Board
VHS/DVD Player	Monitor/TV	Sound System
Podium	Microphone	Other

Class Hours: (0830-1630 OK?)	
Name of your Closest Airport:	
Name two Area Hotels:	
Proposed Dates of Training?	

What Classes Are You Considering?

- | | | |
|----------------------------|----------------------------------|-------------------------|
| ICS/NIMS | Incident Dispatch | Ethics/Liability |
| Customer Service | Kids in Crisis | Crisis Callers |
| Fire Communications | Civilian Supervisor | CTO |
| Homeland Security | Tactical Dispatch | Stress |
| Crisis Negotiation | Refresher Building Blocks | |

Other: _____

Please fax this back to (408) 778-3101 so we may schedule your class!



**P.O. Box 1815 Morgan Hill, CA 95038
(866) 613.1911 www.firstcontact911.com**