

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 from your Agency will	
be attending?	

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:	1.
	2.
Proposed Dates of Training?	

What Classes Are You Considering?

Tactical Dispatcher	Incident Dispatcher (All Risk)		
Customer Service	Kids in Crisis	Crisis Callers	
Fire Communications	Supervisor	СТО	
Homeland Security	Ethics/Liability	Stress	
Crisis Negotiation	Refresher Building Blocks		
Other:			

Please fax this back to (866) 267.0797 so we may schedule your class!



First Contact 9-1-1, LLC
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