



CAP Professional Development Course Materials Order Form

SUBMIT THIS FORM AT LEAST 45 DAYS IN ADVANCE OF COURSE START DATE

Course (*Check One*): SLS CLC UCC

Wing: _____

Name of Course Director: _____

Phone Number and E-mail: _____

Name of Contact Person, if different from above: _____

Phone Number and E-mail: _____

Date of Course (*mmm dd yy*): _____

Estimated Number Of Students: _____ Estimated Number Of Staff: _____

Course Location: _____

Mail Materials To: (*Name*) _____
(*Street Address, Not P.O. Box*) _____
(*City, State, Zip Code*) _____

Forward this form, with the course schedule attached, to:

E-mail: Immeforms@capnhq.gov

or Mail: **NHQ CAP/DPR**
105 S. Hansell St., Building 714
Maxwell AFB, AL 36112-6332

or FAX: **334-953-4262 (DSN 493-4262)**

Send a copy to your Wing Director of Professional Development and Wing Commander.