



## 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](mailto: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.**