



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@cap.gov

**or Mail: NHQ CAP/PD
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.