

Frontline Chaplains International, Inc.

Foreign Course Training Request

16 Hours of Basic Chaplaincy Training

Complete this request for an FCI Foreign Chaplain Training Course, scan (or cell phone photo) & email to jonathan.carey@ifoc.org

I am requesting I.F.O.C. consider this request for a Foreign Chaplain Training Course in

_____ (city) _____ (State) _____ (country) for the week of _____ (course date). Course hours are _____ to _____

1) Venue name & address

Venue name _____

Venue street _____

Venue city, state , zip code _____

2) Venue Contact (facility manager or person responsible to respond to facility issues)

Contact name _____

Contact title _____

Contact email address _____

Contact phone number. (_____) _____ - _____

3) A separate conference table is available for registration ____ Yes ____ No (check one)

4) The venue for this Course can accommodate _____ (seating capacity number) students.

5) Tables are ____ 6', ____ 8' rectangular training tables (preferred), ____ round tables (check one)

6) Training room has a stage ____ Yes ____ No (check one)

7) Training room includes a ____ projector & screen or ____ video monitors. (check one)

8) Training room has a sound system ____ Yes ____ No (check one)

9) Training room can be darkened for video projection ____ Yes ____ No (check one)

10) Training room is air conditioned ____ Yes ____ No (check one) or fans ____ Yes ____ No (check one)

11) Training room has high speed internet ____ Yes ____ No (check one)

12) Recommended registration fee \$ _____

13) A separate conference table is available for registration ____ Yes ____ No (check one)

14) Provide information about U.S. style lodging availability (hotel, VRBO, etc).

15) What kind of transportation is available for instructors to get to the class.

16) _____ (requestor's name print) _____ (date)