



# COURSE DELIVERY REQUEST FORM



## TRAINING EVENT INFORMATION

### COURSE TITLE

**MGT489** - Managing Public, Private and NGO Partnerships to Prepare for and Solve Critical Logistics and Supply Chain Challenges during Large Scale Disasters

### COURSE REQUESTOR

Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Sponsoring Organization \_\_\_\_\_

### SAA TRAINING OFFICER

Same as Course Requestor  
 Not Sure  
 Name \_\_\_\_\_  
 Email address \_\_\_\_\_

### TRAINING DELIVERY:

- In-Person: 2 days for 8-hours/day  
 Virtual via Zoom: 4 days for 4-hours/day

### PROPOSED DATE/TIME: (provide 2-3 dates)

Option 1 \_\_\_\_\_  
 Option 2 \_\_\_\_\_  
 Option 3 \_\_\_\_\_  
 Optional Comments \_\_\_\_\_

## LOCATION & SHIPPING

**IF DELIVERY IS VIRTUAL, ONLY COMPLETE THE RELEVANT INFORMATION**

### CLASSROOM LOCATION

Room Name \_\_\_\_\_  
 Building Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_

### FACILITY CONTACT (if different than training contact)

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_

### SHIPPING INFORMATION

Ship to Classroom Location  
 Shipping Address \_\_\_\_\_  
 \_\_\_\_\_  
 Name\* \_\_\_\_\_  
 Phone\* \_\_\_\_\_  
 Email\* \_\_\_\_\_

Is the training facility on a regular route with daily pick up for the following shippers: *(Check all that apply)*

- FedEx  
 UPS  
 Other \_\_\_\_\_

## GENERAL AREA

### RECOMMENDED AIRPORT

Approximate Distance from Training Site \_\_\_\_\_  
 \_\_\_\_\_  
 General Directions \_\_\_\_\_  
 \_\_\_\_\_

### RECOMMENDED HOTEL

Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Website Link \_\_\_\_\_  
 \_\_\_\_\_

## COURSE DELIVERY REQUEST FORM CONTINUED

### REGISTRATION & MARKETING INFORMATION

**CAFSP uses the Canvas LMS platform** to provide information, registration, assessments, and course materials.

Does your organization also have a registration system that needs to be used? If so, please provide a link:

\_\_\_\_\_

#### REGISTRATION POC

Please provide the following details if different from the Training Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**CAFSP can create a marketing flyer** to promote this training delivery. Would you like CAFSP to create a flyer and perform marketing?

- Yes, CAFSP should create a flyer  
 No, we will perform all marketing

Optional Comments

\_\_\_\_\_

### TRAINING FACILITY

The minimum number of participants required to host an in-person training course is **21**. Participants will need space to move into groups and perform activities.

#### ROOM SET-UP

Do you have a classroom that can comfortably seat 45 students?  Yes  No

*If not, how many individuals will the classroom accommodate at full capacity?* \_\_\_\_\_

At what time will instructors have access to the training facility/classroom the day prior to the training for set up and A/V check? \_\_\_\_\_

*If access is not available the day prior, how early on the day of training will instructors have access to the site? We recommend no less than 1 hour prior to start.* \_\_\_\_\_

At what time will the training facility be open to sign in participants? (We recommend at least 30-45 minutes prior to the start of training) \_\_\_\_\_

#### TECHNOLOGY

Will instructors have access to a:

- Screen  
 Projector  
 Laptop or computer with PowerPoint 2007 or higher and flash-drive compatibility

*If NO, are appropriate connections available for hookup of external laptop?* \_\_\_\_\_

- Internet access (wireless, strong signal needed)  
 Speakers (*either USB compatible peripherals or hard-wired into classroom*)

Optional Comments \_\_\_\_\_

Will support be on hand to assist with student check-in or any A/V problems? *If YES, please provide contact information for these individuals:*

Student check-in support:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Technology support:

Name \_\_\_\_\_

Phone \_\_\_\_\_

## COURSE DELIVERY REQUEST FORM CONTINUED

### TRAINING FACILITY Continued

Will the training facility have coffee and water available for students?  Yes  
(Please note that CAFSP cannot provide these items.)

Does the training facility have special parking requirements? If YES, please describe:  
\_\_\_\_\_

### INSTRUCTORS & OTHER ADMINISTRATIVE REQUIREMENTS

Will instructors need special certification or clearance in order to instruct in your area/state?

If yes, please provide details \_\_\_\_\_

Are there other forms or paperwork that participants must complete to meet state or local requirements?

If YES, please provide those to CAFSP prior to the training.

### ADDITIONAL INFORMATION

Please provide us with any additional information or details about the training facility, audience, and general area that would assist us in providing a quality training experience.  
\_\_\_\_\_

Thank you for completing this course request form. Please return it to CAFSPoperations@UTK.edu.