

# SAPR Training Request Form

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GENERAL INFORMATION				
<b>Full Name:</b>				
<b>Position/Title:</b>				
<b>Squadron/Group/Unit:</b>				
<b>Location/Building #</b>				
<b>Point of contact on Training day:</b>	Full name	Phone Number	Email:	
<b>Alternate Point of Contact:</b>				
TRAINING / BRIEFING DETAILS				
<b>Course / training requested:</b>				
<b>Briefing Type</b>	Webinar/Teleconference	In person	Table Set-up	
<b>Justification:</b>				
<b>Projected # of attendees:</b>				
<b>Requested Date and Time:</b>				
<b>Length of time requested:</b>				
<b>Alternate Date and Times</b>				
<b>Provider and location:</b> <small>(please note provisional bookings)</small>				
<b>Accommodation:</b> <small>(if required)</small>	<b>Date of check in:</b>			
<b>Is Technology needed:</b>	<b>Space or equipment provided for technology:</b>			
REQUESTER'S SIGNATURE				
<b>Print name:</b>				
<b>Signature:</b>				
<b>SAPR PERSONNEL ONLY</b>	Approved:	Disapproved:	Requesting more information:	Requesting alternate date/time:
<b>Person assigned to conduct the training:</b>				
<b>Print Name:</b>				
<b>Signature:</b>				

### ADDITIONAL COMMENTS