



IAFF Peer Support Training Request

Please complete this form to request the IAFF Peer Support Training. This form must be signed by the president of an IAFF affiliate. Email the completed form to behavioralhealth@iaff.org.

Entity requesting the training			
Entity name:		IAFF Local #:	
Designate a point of contact to be responsible for all logistics and coordination with the IAFF.			
First name:	Last name:	Title:	
Phone:	Email:	Org:	
Payment Information: What entity (ex: Local, Municipality) will pay for the training?			
Entity name:	Last name:	City:	
Address Line 1:		State/Province:	
Address Line 2:		Zip Code:	
The IAFF Peer Support Training is a 16 hour training over two consecutive weekdays. Requested dates are not guaranteed. The following dates would work for us (leave at least three months lead time):			
Choose a training time:			
<input type="radio"/> 8:00 a.m. - 4:00 p.m. <input type="radio"/> 8:30 a.m. - 4:30 p.m. <input type="radio"/> 9:00 a.m. - 5:00 p.m. <input type="radio"/> Other:			
The training will take place at the following address (if exact address has not been determined, write the city and state/province):			
Location name:		City:	
Address Line 1:		State/Province:	
Address Line 2:		Zip Code:	
The host training facility is required to have the following A/V setup: a computer with a minimum of two USB ports, LCD projector, and external speakers. (If the facility is unable to meet AV requirements, the IAFF will provide the AV set up for an additional fee.)			
<input type="radio"/> We will provide A/V equipment <input type="radio"/> We are requesting A/V equipment (\$500 fee)			
To whom should materials be shipped prior to the training?		Type of Address:	
Name:	City:	<input type="radio"/> Hotel	<input type="radio"/> Residential
Email:	State/Province:	<input type="radio"/> Municipal	<input type="radio"/> Business
Street Address:	Zip Code:		

IAFF Affiliate President Name (please print): _____

Signature: _____ Date: _____