



IAFF Resiliency Training Request (In-Person)

Please complete this form to request the IAFF Resiliency 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 Resiliency Training (In-Person) is a one-day, eight-hour training for up to 40 students. If you would like to reach a larger student group, the training can be delivered on consecutive days at a discounted price reflected below. After returning this form, a contract for training will be drafted and returned to the designated point of contact. When the contract is returned to the IAFF fully executed, a training coordinator will work with the entity to schedule the training on mutually agreed upon dates. Scheduled training dates will be a minimum of 10 weeks after the fully executed contract receipt to allow adequate time for logistics and payment.

Please indicate the number of training classes you wish to request:

- ☐ One class: \$6,750 (40 students)
- ☐ Two consecutive classes: \$11,000 (80 students)
- ☐ Three consecutive classes: \$13,500 (120 students)
- ☐ Four or more consecutive classes: (A training coordinator will contact you to discuss pricing)

Choose a training time:

- ☐ 8:00 a.m. - 4:00 p.m. ☐ 8:30 a.m. - 4:30 p.m. ☐ 9:00 a.m. - 5:00 p.m. ☐ 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:



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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.)

☐

We will provide A/V equipment

☐

We are requesting A/V equipment (\$500 fee)

To whom should materials be shipped prior to the training?

Type of Address:

Name:

City:

☐ Hotel

☐ Residential

Email:

State/Province:

☐ Municipal

☐ Business

Street Address:

Zip Code:

IAFF Affiliate President Name (please print): _____

Signature: _____ Date: _____