



Center for the Army Profession and Ethic 'Not in my Squad' Workshop Request Form

Contact Information

Name: _____ Email (Duty): _____

Phone (Duty): _____ Phone (Cell): _____

Position: _____ Rank: _____

Unit/Organization: _____

Address

Division CSM Contact Information

Name: _____ Email (Duty): _____

Brigade CSM Contact Information

Name: _____ Email (Duty): _____

Workshop and Audience Information

Estimated number of participants attending? (min: 40) _____

Requested Start Date – 1: _____

Requested Start Date – 2: _____

Requested Start Date – 3: _____

Please save the completed form and email it to capesupport@usma.edu. If you have any questions or comments please include them in your email.