



Center for the Army Profession and Ethic

Army Profession Seminar Request Form

Contact Information

*Name: _____ *Email (Duty): _____

*Phone (Duty): _____ /Phone (Cell): _____

*Position: _____ *Rank/Grade: _____

Unit/Organization: _____

Address: _____

*Unit Commander: _____

*Unit Commander Email: _____

*Unit Commander Phone: _____

*Unit G-3: _____

*Unit G-3 Email: _____

*Unit G-3 Phone: _____

Seminar Information:

Seminar Venue Location: _____

Appropriate Uniform for this event: _____

Requested Seminar Dates

*1st choice: _____ 2nd Choice: _____ 3rd Choice: _____
 _____ - _____ - _____

(Please Note: Each session requires a two hour block of time. If your unit wants more than 2 sessions per day, please contact CAPE immediately.)

Training Audience

*Expected number of attendees per session broken down by rank/grade demographic.

Enlisted Ranks	Warrant Officer Rank	Officer Ranks	Civilian Grades
From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____
# Attendees*: _____	# Attendees*: _____	# Attendees*: _____	# Attendees*: _____

Additional information

- Confirmation on the availability of the most senior leader available to make opening remarks. (ARNG TAG, DIV MG or CSM, Corps LTG or CSM, etc. If the most senior individual is not available, then who will be available? _____)
(Please note: If having multiple sessions, opening remarks are required for each session. Consider utilizing different senior officers/CSMs depending on the audience demographic for these multiple session seminars.)
- Confirmation of availability of laptop (with disc drive) and proxima (projector capability) at venue.
- Confirmation of tech support available on-site 1 hour prior to each session.
- Confirmation on the availability of wireless/hands free microphones.
- Confirmation that your unit will provide a copy of the provided post-seminar AAR to each audience member in attendance. (Copy of AAR is digitally sent shortly before the event. Completed post-seminar AARs will be collected by CAPE presenter(s) immediately following the seminar.)

Additional Contact Information

Please provide name and contact email (if different than yourself) that will be able to push a 90-day follow up AAR link out to audience attendees.

Name: _____

Position: _____

Phone: _____

Email: _____

Please provide name and contact numbers of the POC/escort officer for CAPE Leadership to touch base with once they arrive in area.

Name: _____

Position: _____

Phone: _____

Email: _____

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.