

TRAINING HOST APPLICATION

GAP SCIENCE LLC

TRAINING COURSE

Which course are you interested in hostin	g?		
40-hour Forensic Supervision Course	☐ 40-hour Forensic Field	Training Officer Course	
40-hour Forensic Supervision Level II Co		Ü	
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HOSTING AGENCY			
Name:			
Address:			
All communication regarding the training course will Contact Representative Name:			
		Job Title/Rank:	
		Unit/Division:	
TRAINING VENUE			
Name:			
Address:			
Room #:	Max Seating Capacity:		
Accommodations (check all that apply):			
Projector and large projection screen	TV Monitor with HDMI input	Restrooms	
Computer monitor with HDMI input	☐ Flexible seating and desks		
Built-in speaker system	☐ Breakroom/lounge	First aid kits	
Reliable WiFi Internet	☐ Vending machines	Printer/photocopier	
How will students park at your training venu	ue? Is there a parking fee?		
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Do students need special security access to	o enter the training venue and/or cl	assroom?	



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INTERESTED ATTENDEES

Before we commit to adding any course to our schedule, we need to confirm at least 15 people are interested in traveling to your area to attend the Gap Science training course.

Name:	Name:		
	Email Address:		
Name:	Name:		
Email Address:	Email Address:	Email Address:	
Name:	Name:		
Email Address:	Email Address:		
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HOTEL RECOMMENDATIONS

Please provide at least one local hotel recommendation.

Hotel Name:		
Address:		
Parking fees?	Government discount?	Complimentary breakfast?
Hotel Name:		
Address:		
Phone Number:		
		Complimentary breakfast?
Hotel Name:		
Address:		
Parking fees?	Government discount?	Complimentary breakfast?
NOTES:		
Please let us know	of any additional considerations.	

THANKS SO MUCH FOR YOUR INTEREST IN OUR COURSES!

After you have completed the Training Host Application form, please submit the form in its entirety to **info@gapscience.com**. If you are selected to be a Gap Science Training Host, we will reach out to confirm a date for the course and provide a finalized contract.