



## Colorado Division of Fire Prevention & Control Course Sponsor Coordination Plan

Please complete the following information (print or type). Complete one form for each course/class requested.

<b>Course Title:</b>		Today's Date:	
<b>Date of Course</b>	Primary Date Choice:	Alternate Date Choice:	
<b>Location of Training</b>	Name of Building:		
	Address:		
	City, State, Zip:		
	Emergency Phone Number:		
<b>Sponsoring Host</b>		Organization Name:	
<b>Instructor Information</b>		Lead Instructor:	
Has a course instructor been scheduled for the class: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Please leave blank if you do not have an instructor.</i>		Secondary Instructor:	
<b>Local Course Coordinator</b>	Name & Title:		
	Email Address:		
	Address:		
	City, State, Zip:		
	Work Phone:		
	Home Phone:		
<b>Written Exam Location &amp; Preferred Dates</b>	Exam Location		
	Address:		
	City, State, Zip:		
	1 <sup>st</sup> Preferred Date & Time:		
	2 <sup>nd</sup> Preferred Date & Time:		
3 <sup>rd</sup> Preferred Date & Time:			
<b>Anticipated number of individuals that will participate in this course:</b>			
<b>Are students from outside your organization welcome to attend?</b>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>Do you want the Division of Fire Prevention &amp; Control to advertise this course?</b>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>Do you or your organization have the necessary equipment to support a Power Point presentation (Laptop computer and LCD projector)?</b>		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

Please submit this information by either email or telefax to:  
 Colorado Division of Fire Prevention & Control  
 Fax: 303-239-5887  
 Phone: 303-239-4600  
 lisa.pine@state.co.us

This information must be submitted no less than 30 days in advance of the course delivery dates.