

CONTACT INFORMATION

## FORT BLISS EDUCATION CENTER Request for Briefing

Thank you for reaching out to the Fort Bliss Education Center. Please complete request form in its entirety at least two weeks in advance, and submit to the Fort Bliss Army Continuing Education Center at: usarmy.bliss.imcom-hq.mbx.army-continuing-education-services11@army.mil

Date of Request:		
Rank & Name:		
Department/Unit:		
Email Address:		
Duty Phone:	Alternate Phone:	
BRIEFING INFORMATION		
Preferred Date:	Start Time:	End Time:
Alternate Date:	Start Time:	End Time:
LOCATION		
*You will be responsible for reservi	ng space for the presentation.	
BLDG:	Room #:	
Street Address:		
PARTICIPANT INFORMATI	ON	
Number of Participants:		
TOPICS		
What topics would you like ACES counselor to discuss (i.e. TA, testing, GI Bill, etc.)?		
COMMANDER APPROVAL		
I recommend approval for briefin	ng and will ensure Soldiers attend at	prescribed place and time.
Rank/Printed Name	Signature	Date