

**DPTMS
 Training Support Center
 Bldg. A-5514 Gruber Road
 Fort Liberty, North Carolina 28310
 Request for Classroom & Conference Room**

Date: _____

Unit/Organization: _____

POC: _____

Last First MI

Rank/Grade: _____

E-mail: _____

Phone Number: _____

Type of Training/Event: _____

Briefing Unclassified: _____ **Classified:** _____

Number of Personnel Attending: _____

Date(s) Required: _____ **Time:** _____ **to** _____

Training Support Center Staff Use Only

Required Date of Classroom Supported: Yes: _____ No: _____

Room Assigned: 4: _____ 5: _____ 4&5: _____ **AAR Conference Room:** _____

Key Card Number Assigned (If Applicable): _____

TCS Staff Signature: _____

Hand Receipt Holder: _____

I have read and understand the Classroom Rules and the SOP _____