

# FIRE SAFETY TRAINING REQUEST FORM

Date:

Company:

Contact:

Address

Phone:

Fax:

E-Mail:

Website:

Date of session:

No. of staff:

No. of sessions:

Same as above

Billing Address:

1. Where did you hear about this program?

2. Do you already have a Multimedia projector and screen in the training room?

3. Projector Needed            YES\_\_\_\_            NO\_\_\_\_

4. Screen Needed            YES\_\_\_\_            NO\_\_\_\_

5. Is there a 100 X 100 foot clearance area for the hands-on portion of the training?  
Where is the location of the hands on training?

Follow-Up

Invoiced:

**PLEASE FAX THIS COMPLETED FORM TO: BURN INSTITUTE (858) 541-7179 FAX**