



**STATE OF ARIZONA
DEPARTMENT OF EMERGENCY AND
MILITARY AFFAIRS**

5636 East McDowell Road
Phoenix, Arizona 85008-3495



DEMA/EM Training & Exercise Event Request

1. Requester Information				
Request Date:		Agency:		
County/Tribal Jurisdiction:				
Requester Name:		Phone:	Email:	
Alternate Contact:		Phone:	Email:	
2. Event Information				
When requesting training, please keep in mind the following submission deadlines:				
<ul style="list-style-type: none"> • 1st Quarter (January - March) - October 31st • 2nd Quarter (April - June) January 31st • 3rd Quarter (July - September) April 30th • 4th Quarter (October - December) July 31st 				
Event Type:		Delivery Method:		
Event Number and/or Name:				
Event Date(s):		Event Hours:	Estimated # of Attendees:	
Target Audience: <i>(specific group, disciplines, or organizations the event is intended for)</i>				
Event Justification:				
Core Capability:		Core Capability:		
3. Event Funding				
Funding:				
Certificate Only Instructors:				
4. Event Site and Resources <i>(physical location where the event will be held)</i>				
Event Facility Name:			Room #:	
Physical Address:		City:	Zip:	
Main Room Capacity:		# of Breakout Rooms:		
Type of Seating:				
Available Resources:	Computer/Laptop	Projector	Wifi Access	Whiteboard
Access to the Training Site Times Day Prior:		Morning of:		
Contact for IT Support:		Phone:		
Additional Comments: <i>(special resources, parking, facility access, etc.)</i>				



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5. Shipping Address for Event Materials (if other than the event site)			
Facility Name:			
Shipping Address:		City:	Zip:
Shipping POC:	Phone:	Email:	
Shipping Instructions:			
6. Requester Agreement			
<ol style="list-style-type: none"> 1. I have the full support of my agency and facility owner to host this event. 2. I, or my alternate contact, will be available at least weekly to coordinate enrollment approvals and other related matters. 3. The location provides adequate space for a successful training or exercise environment for participants. 4. All requested resources will be available per the exercise coordinator, instructor, and/or federal provider's needs. 5. I will advertise and track registration regularly to ensure minimum enrollment as indicated by the DEMA/EM. 6. By signing below, I acknowledge that I have read and understand these requirements. 			
Printed Name:	Signature:	Date:	
7. County/Tribal Emergency Management Director or Designee			
I have reviewed this request and concur with the delivery of this course for my jurisdiction.			
Printed Name:	Signature:	Date:	

Training Events: Email the completed form to training@azdema.gov

Exercise Events: Complete the supplemental form on the next page and email the entire packet to exercises@azdema.gov



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Supplemental Exercise Form

8. Exercise Events ONLY

Exercise Type:

Basic Scenario:

Exercise Overview: *(Identify the purpose, scope, and exercise support to ensure a successful event, attach additional pages if necessary)*