US TRANSCOM OFFICE OF THE COMMAND SURGEON

TRAC2ES REMOTE SITE REQUEST FORM

(PLEASE FILL OUT FORM IN ITS ENTIRETY)

Organization and Unit Name/Location: _____

Name/Rank of Primary POC: _____

Primary Dates Requested: _____

Secondary Dates Requested: _____

Contact Telephone Numbers: POC DSN: _____
POC COM: _____
POC Cell Phone: _____
Unit FAX: _____
Secondary DSN: _____
Secondary COM: _____

Email Address: _____

UIC/PAS CODE of Attendees: _____

Number of Attendees Total: _____
Reason for Remote Site Request:_____
_____
Attendees Role with Patient Movement: _____
_____

Is This In Preparation of A Deployment? _____
Is This In Preparation of An Exercise? _____

(Please Provide Details if Either Above is Yes)
_____

Technical Assistance
Primary Technical Assistance POC: _____
Secondary Technical Assistance POC: _____
Contact Telephone Numbers: _____
Technical Assistance POC Email: _____

Please forward all completed requests either via email to your GPMRC TRAC2ES Training Representative or fax the form directly to COM 618-229-0116/ DSN 779-XXXX. You may contact 618-229-7249/7282/7818 for follow-up after 72 hours.