

Stealth Defense Consulting Group Training Application



About Your Organization

Country

Name of Organization

Name of Unit

Organization Type

Unit Mission/ Purpose

Unit Point of Contact

Title of Point of Contact

Phone # of Point of Contact

Email of Point of Contact

Other Organizations Accompanying You (Subcontractors, etc.)

Stealth Defense Consulting Group Training Application

About Your Training Program

Type of Training to be Conducted

--

Current Skill level

--

Of Personnel Attending

--

Arrival Date (DD/MM/YEAR)

--

Departure Date (DD/MM/YEAR)

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Please Select Facilities You Will Require

- | | |
|---|---------|
| <input type="radio"/> Weapons | Yes/ No |
| <input type="radio"/> Instructor/ Training Consultant (units not taking SDCG courses) | Yes/ No |
| <input type="radio"/> Ammunition | Yes/ No |
| <input type="radio"/> Demolitions | Yes/ No |
| <input type="radio"/> Lodging | Yes/ No |
| <input type="radio"/> Meals | Yes/ No |
| <input type="radio"/> Administrative Vehicles | Yes/ No |
| <input type="radio"/> Training Vehicles | Yes/ No |
| <input type="radio"/> Helicopter Support | Yes/ No |

Lodging Requirements

Quantity	Dates (DD/MM/YEAR- DD/MM/YEAR)
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Single Room

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Double Room

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4-Man Room

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8-Man

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Note: Laundry Service is included (48hr turnaround)

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Meal & Drink Requirements

Quantity	Dates (DD/MM/YEAR-DD/MM/YEAR)	Remarks
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Per Day/ Per Man

1 Meal

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2 Meal

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3 Meal

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Bottled Water 1.5 Liter

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Bottled Water 0.5 Liter

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Other Requirements

Quantity	Dates (DD/MM/YEAR-DD/MM/YEAR)	# Of Personnel
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Coffee Breaks

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Bags of Ice (10kg)

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Drink Cooler (2ft x 4ft)

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Support Requirements

Ground Transportation

# Of Trips	# Of Passengers	Remarks
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To & From Airport

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To & From Hotel

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To & From Dead Sea

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To & From Petra

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To & From Other Location

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Cargo Transportation

# Of Trips	Dates (DD/MM/YEAR-DD/MM/YEAR)	Type of Cargo and Size
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To & From Airport

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To & From Other Location

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Forklift Support

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Notes

Please specify other notes/ requirements not listed

