

DEPARTMENT OF HOMELAND SECURITY
Federal Emergency Management Agency
REQUEST FOR USE OF NETC FACILITIES

OMB Control Number: 1660-0029
Expiration: 5/31/2017

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this data collection is estimated to average 6 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street SW, Washington, DC 20472, Paperwork Reduction Project (1660-0029). **NOTE: Do not send your completed survey to the above address.**

PRIVACY ACT STATEMENT

Authority: Public Law 93-498, 15 U.S.C §. 2206, E.O. 12127 and E.O. 12148.

Purpose: This information is being collected for the primary purpose of assigning housing and/or training space at the National Emergency Training Center.

Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in DHS/FEMA - 011 Training and Exercise Programs System of Records System of Records Notice and upon written request, by agreement, or as required by law. The Department's full list of system of records notices can be found on the Department's website at <http://www.dhs.gov/system-records-notices-sorns>

Disclosure: The disclosure of information on this form is voluntary; however, failure to provide the information requested may result in the inability to assign/obtain housing and/or training space. Information such as gender is necessary because the accommodations are of dormitory type and it is required to separate individuals by gender. Information will only be released as permitted by law.

1. CONTACT PERSON		2. TELEPHONE NUMBER (Include area code)	
3. ORGANIZATION			
4. ADDRESS			
5. NAME OF CONFERENCE/SEMINAR/MEETING		6. DATES	
		FROM	TO
7. ACTUAL NUMBER OF ATTENDANTS	8. ACTUAL NUMBER REQUIRING OVERNIGHT LODGING	9. WILL MEALS BE REQUIRED	
a. _____ Government employees Non-Government employees	a. _____ Male	<input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: Food checks will be made payable to the Food Service Coordinator	
b. _____ (including guest speaker)	b. _____ Female		
c. _____ TOTAL	NOTE: Lodging checks will be made payable to the National Emergency Training Center		
10. ROOM SPACE REQUIRED			
<input type="checkbox"/> a. Meeting Room <input type="checkbox"/> b. Breakout Rooms (number in each room) <input type="checkbox"/> c. Auditorium <input type="checkbox"/> d. Social/Evening			
11. EQUIPMENT NEEDED			
12. OTHER REQUIREMENTS			
13. SIGNATURE		14. DATE	

Please return the completed form to:
Special Groups Coordinator
NATIONAL EMERGENCY TRAINING CENTER
16825 South Seton Avenue
Emmitsburg, MD, 21727