

DEPARTMENT OF HOMELAND SECURITY  
Federal Emergency Management Agency

**REQUEST FOR USE OF NETC FACILITIES**

OMB Control Number: 1660-0029  
Expiration: 11/30/2020

**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 information collection 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-soms>

**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)
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3. ORGANIZATION

4. ADDRESS

5. NAME OF CONFERENCE/SEMINAR/MEETING	6. DATES	
	FROM	TO

7. ACTUAL NUMBER OF ATTENDANTS a. _____ Government employees Non-Government employees b. _____ (including guest speaker) c. _____ TOTAL	8. ACTUAL NUMBER REQUIRING OVERNIGHT LODGING a. _____ Male b. _____ Female <b>NOTE: Lodging checks will be made payable to the National Emergency Training Center</b>	9. WILL MEALS BE REQUIRED  <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>NOTE: Food checks will be made payable to the Food Service Coordinator</b>
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10. ROOM SPACE REQUIRED

a. Meeting Room     b. Breakout Rooms (number in each room)     c. Auditorium     d. Social/Evening

11. EQUIPMENT NEEDED

12. OTHER REQUIREMENTS

13. SIGNATURE	14. DATE
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Please return the completed form to:  
**Special Groups Coordinator**  
**NATIONAL EMERGENCY TRAINING CENTER**  
**16825 South Seton Avenue**  
**Emmitsburg, MD, 21727**