

ACS FINANCIAL READINESS PROGRAM BRIEFING/CLASS REQUEST FORM 4700 MOW-WAY ROAD (N. ENTRANCE)

POC: Zilpa N. Oseguera, Financial Readiness Program Manager or JD Famoly, Financial Readiness Specialist

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Completed by the requestor two weeks prior training date:
(If the briefing date, time or location changes or canceled please contact ACS immediately)
Please e-mail or fax form to ACS

_Special Request:	
Location of the brief:Street Name:	-
Bldg Number:	
Target Audience:	
Expected Number of Participants:	
Do you have support for PowerPoint	t Presentations?YESNO
(LCD projector or laptop)	
Completed by ACS/ Finan	ncial Readiness Program Manager:
equest:Approved	Disapproved
ate Unit was notified of briefing request: _	
epresentative conducting briefing:	