



B-CON Course Request Form



Date of Request: _____

Company/Organization: _____

Company/Organization Main Contact: _____

Phone Number: _____

Email: _____

Address: _____

Course Details

Will this course be part of a larger event? YES NO

If Yes, what is the event? _____

Date/Time - Top 3 Options:

1. _____
2. _____
3. _____

Location of course: _____

Estimated Attendance: _____

Does your group currently have bleeding control kits (tourniquets or hemostatic gauze) on-site? YES NO If yes, how many? _____

Requestor Additional Notes: _____

FOR ADMINISTRATIVE USE ONLY

Confirmed Course Date: _____

Confirmed Location: _____

Confirmed Instructor: _____

Trainer(s): _____