METRO ATLANTA FIRE FIGHTER CONFERENCE

CLASSROOM

INSTRUCTOR APPLICATION

Lead Instructor Name:
Class Name:
Address:
Email:
Phone Number:

Instructor Bio? ***(As you would like on the MAFFC website)***

Class Description. ***(As you would like on the MAFFC website, please include the length of the class.)***

Materials Needed. ***(List ALL materials needed to conduct your class)***

Misc. Needed. ***(List any misc. tools, equipment, and staff, needed to conduct your class)***

Are you traveling from over 100 miles? YES NO

How are you traveling? VEHICLE AIRPLANE

How many additional instructors will accompany you for your class? _____

Instructor Names:

Return this application to:

Metro Atlanta Fire Fighter Conference
Class Selection Leader- Thomas Covington
Thomas.covington@cobbcounty.org