

Applied Technology Council Seminar Request Form

Seminars requested by:

Contact name: _____

Organization: _____

Address, City, State, Zip: _____

Phone Number, E-mail Address: _____

Preferred training date(s): _____

Training Location (if different than above): _____

Estimated number of participants: _____

Please indicate your selection for requested course:

Select	Seminar	Course Title	Training Duration ¹
	ATC-20 Standard	<i>Postearthquake Safety Evaluation of Buildings</i>	5 hours
	ATC-20 SAP	<i>Postearthquake Safety Evaluation of Buildings and CalEMA Safety Assessment Program (SAP) Training</i>	6 hours
	ATC-45	<i>Field Manual: Safety Evaluation of Buildings after Windstorms and Floods</i>	5 hours
	ATC-20 Standard and ATC-45	<i>Postearthquake Safety Evaluation of Buildings and Field Manual: Safety Evaluation of Buildings after Windstorms and Floods</i>	7 hours
	ATC-20 SAP and ATC-45	<i>Postearthquake Safety Evaluation of Buildings and CalEMA Safety Assessment Program (SAP) Training and</i>	1.5 days

Note 1: Training duration does not include breaks.

Note 2: Due to common elements in the two courses, the combination seminar is shorter than the sum of the durations.

Notes and Comments:

Please return the completed form to bhadnagy@atcouncil.org.
If you have any questions, please do not hesitate to contact us at (650) 595 1542.