Why Go to Corporate Learning Course (CLC)?

CLC will show you how a wing operates each of CAP's major missions and how mission support functions support these missions. You must attend the entire program on both days to graduate. Partial credit is never given.

Requirements When You Register

- **Current senior membership card**
- **Completed Squadron Leadership School (SLS)**
- **Commander's approval**
- Space is limited to the first 50 qualified registrants, on a **first-come, first-serve** basis.

When

0730 to 1700 Saturday 10 September
0745 to 1700 Sunday 11 September

Where

Defense Supply Center Columbus
Building 11
Columbus, Ohio 43218

Fee

Your $10 fee covers refreshments, supplemental handout materials, and administrative expenses. We use e-mail to avoid postage and phone expenses. Your fee does not cover overnight accommodations, travel, or meals. You might keep these records for tax purposes.

Confirmation Number

You must register by e-mail. When you register your e-mail subject line should read **CAP: CLC Registration**. You will get a Confirmation Number by return e-mail. **If you do not have e-mail, please tell us whose e-mail address we can send your confirmation number to.** Bring your e-mail hard copy containing the confirmation number to the seminar.

Registration Deadline

The Deadline is Friday, September 2, 2005. **No late registration. No registrations accepted at the door.** The deadline lets us get certificates and supplementary training materials finalized and printed, straighten out any problems, and to arrange for refreshments throughout the seminar.

If you do not receive e-mail confirmation by **Friday, September 2, 2005**, or if you cancel, e-mail us at **bbjtresz@juno.com** or leave a phone message at **(330) 837-3579).** Leave your name, a time to reach you (day and evening, if necessary), and your telephone number and/or e-mail address.

Bring

- ☐ **$10 for your fee (NO CASH; we appreciate a check or money order, made to "Civil Air Patrol").**
- ☐ **Completed two copies of the CAPF 60 on the last two pages of this document.**
- ☐ Your **CAP ID card** and a valid driver's license or another **photo ID**. This gets you on the Base.
- ☐ Any **blue uniform** combination (if you meet grooming and weight standards), **or gray pants/skirt and white aviator shirt** combination, as prescribed in CAPR 39-1, *Civil Air Patrol Uniform Manual*. No flight suits, golf shirts, or BDU's, please.
- ☐ We recommend you download a copy of the **CLC PowerPoint overheads** from the Wing Web Page, Professional Development area, under CLC. Then, bring the copies of the overheads with you. We suggest you print out the Notes Pages, with six overheads to a page. The overheads contain answers to items asked in your Student Handbook, which you will get when you sign in.

Lodging

You are responsible for your own overnight and dining arrangements. Places near CLC are:

Comfort Inn	4870 Old Rathmell Ct, Obetz, OH 43207-4580	614.492.9000
Sleep Inn	4850 Frusta Dr, Obetz, OH 43207-4503	614.497.9600
AmeriHost Inn	2323 Port Road, Columbus, OH, 43217	419.757.8652
Buckeye Inn	Rickenbacker IAP (and least expensive by far)	614-492-4451

Buckeye Inn Rules and Regulations

Check Out Time: 12:00 (noon)

Drop boxes are located by the main entrance to each building. Keys may also be returned to the front desk in building 861. there will be a charge for a late check out ranging from $5.00 to an additional day if keys are not returned by noon. Additional fees will be charged for lost keys.

Before Checking Out, Please Make Sure:

The blanket and mattress pad and bedspread are folded nearly and placed at the foot of the bed with the pillows.
Dirty linin and towels are brought to the first floor laundry bins.
Lights, TV, readio/alarm clock, and air conditioner or heater are turned off and windows are closed.

No pets permitted anywhere on the premises.

Use of the telephone: Pay phones are located in the laundry room of each building.

Messages are taken at the desk. It is your responsibility to check for messages.

In case of emergency: If you need to be reached after hours please have the caller dial (614) 492-4321. This is the 24-hour security police switchboard.

Bed and Bath Linens

Linens are not exchanged for in-house guests. There are free laundry facilities in each building. Because you will be sharing rooms, do not use linens from the other bed.

Locked out? Security can let you back in 492-4321.

This a non-smoking facility.
We hope you enjoy your stay at the Buckeye Inn!
Hours: Mon-Thurs 8 a.m. to 6 p.m.
Friday 8 a.m. to 9 p.m.
Saturday 10 a.m. to 6 p.m.
Sunday 8 a.m. to 4 p.m.

Office number (614) 409-2660

EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO.	UNIT NAME		UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME			CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS				TELEPHONE (Nights & Weekends) AC: NO.
PERSON TO NOTIFY IN CASE OF EMERGENCY				
NAME (Mr., Mrs., etc.)		RELATIONSHIP		TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.		CELL PHONE

CAP FORM 60, DEC 03 Previous editions will not be used after 31 Mar 04 OPR/ROUTING: LMM

Cut here

EMERGENCY NOTIFICATION DATA				
PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MI	CAP RANK	CAPID
ADDRESS			CITY	STATE AND ZIP CODE
CIVIL AIR PATROL UNIT INFORMATION				
UNIT CHARTER NO.	UNIT NAME		UNIT LOCATION (City and State)	
UNIT COMMANDER'S NAME			CAP RANK	TELEPHONE (Weekdays) AC: NO.
ADDRESS				TELEPHONE (Nights & Weekends) AC: NO.
PERSON TO NOTIFY IN CASE OF EMERGENCY				
NAME (Mr., Mrs., etc.)		RELATIONSHIP		TELEPHONE (Weekdays) AC: NO.
ADDRESS		TELEPHONE (Nights & Weekends) AC: NO.		CELL PHONE

CAP FORM 60, DEC 03 Previous editions will not be used after 31 Mar 04 OPR/ROUTING: LMM

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE

PHYSICIAN'S ADDRESS _____ CITY

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.)

_____

_____

CAP FORM 60, DEC 03 REVERSE

EMERGENCY MEDICAL DATA

PERSONAL PHYSICIAN _____ PHONE

PHYSICIAN'S ADDRESS _____ CITY

BLOOD TYPE _____

PERTINENT MEDICAL DATA (Allergies, Diseases, Chronic Illnesses, medications, etc.)

_____

_____

CAP FORM 60, DEC 03 REVERSE