## Regional - Executive Level TAP

# Joint Base Anacostia-Bolling

**Officers 0-6 and above, 0-5 with less 11 months from retirement, Senior Enlisted E-9’s.**

**Spouses are invited to attend all or part of the seminar**.

If a spouse can not attend the full week, Thursday is the day he/she should attend.

Thursday’s presentations are on what a spouse needs to know prior to member’s retirement.

Requested Class Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Faxed In \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Email sent by Military and Family Support Center on\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### **Please Print Clearly**

Service Member’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank & Rate \_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DSN Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will Spouse Attend?** Yes \_\_\_ Spouse’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_

Service Member’s Retirement Date(MM/YY)\_\_\_\_\_\_\_ Less than 90 days Y / N

#### Command / Career Counselors Information Please Print Clearly

Command/Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Command attached to: Naval District Washington \_\_\_\_ Annapolis \_\_\_\_

Dahlgren \_\_\_\_ Ft. Meade \_\_\_\_\_ Patuxent River \_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Command Career Counselor’s Rate Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(CC Signature Required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DSN Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration requirements:

1. Submission of this registration form

Fax Phone Number: 202-433-4448 DSN 288-4448

Or Email back to TAMP office

1. A completed DD Form 2648 (June 2005)

Pre-Separation Counseling Checklist

Under federal law, this form must be completed NO LATER THAN 90 days prior to anticipated separation or retirement.  **OCTOBER 2011/12**