



TEXAS A&M INTERNATIONAL UNIVERSITY

TAMIU Simulation Program

Request form

Person requesting: Name and/or Organization

Person to contact regarding this request:

Name: _____

Email: _____

Phone Number: _____

Date(s) being requested:

Start Time: _____

End Time: _____

Total Number of Participants (Age must be 12 & Up):

Objectives & Description of requested Tour or Event:

Email completed form to tsp.scheduling@tamiu.edu and one of our staff will be in contact with you as soon as possible.

5201 University Boulevard, Laredo, TX 78041 TAMIU.EDU

