



OFFICE USE ONLY

Education & Certification Event Application

Participant Information

update my records with

Name	Member #	Discipline	
Email Address	Snowsports School	Certification Level	
Mailing Address	City	State	Zip
Cell Phone #	Alternate Phone (please indicate type)	<input type="checkbox"/> Home	<input type="checkbox"/> Work

Event Information

Education Event

Complete this area for all Educational Events. Please consult the PSIA-NW.ORG website for event information then complete the form below with the event name, date and location.

Event Name

Event Date

Location

Event confirmation with event details will be sent via email prior to the event.

Exam Information

Certification Exam

Exam Date and Location

EXAM LEVEL

LEVEL I LEVEL II LEVEL III

EXAM MODULES (choose one or both)

Skiing or Riding
 Teaching and Professional Knowledge

TRAINER'S NAME
(required for exams)

I AGREE

By checking the box above, you agree you have had a conversation with your trainer about expectations for the exam and that your online written exam is or will be completed 30 days prior to the on-snow modules.

Payment Details

Event Fee

EARLY RATE \$ _____

FULL RATE \$ _____

TOTAL \$ _____

For EARLY RATE, registration is required 10 business days prior to an exam or education event. If space is available, less than 10 business days prior, full rate applies.
REFUNDS AND CANCELLATIONS:
Cancellations two weeks before event - full refund LESS \$30 admin fee. Cancellations less than 5 business days before event - no refund.

MAIL or FAX APPLICATION TO:
PSIA-NW

338 N. Wenatchee Ave, Wenatchee, WA 98801

FAX 206.241.2885

QUESTIONS? CALL OR EMAIL:

206.244.8541
info@psia-nw.org

LIABILITY RELEASE (you must sign this release before attending any PSIA-NW event):

Recognizing that skiing/boarding can be a hazardous sport, I hereby RELEASE AND FOREVER DISCHARGE PSIA-NW, PNSIA-EF, ASEA, the host area and their agents and employees and contractors from liability for any and all injuries of whatever nature arising during or in connection with the conduct of the event for which this application is made. Applicant hereby relinquishes and assigns to PSIA-NW and PNSIA-EF all rights to the use of Applicant's name and likeness or pictorial representation in photographs, motion pictures or other representations concerning Applicant's participation in said Event. I agree and approve PSIA-NW and PNSIA-EF to communicate with me electronically.



Participant Signature _____ Date _____

Credit Card Payments

PLEASE READ RATE INFO AND CANCELLATION POLICY ABOVE IN PAYMENT DETAILS BOX.

[v2017-18]

_____	_____	_____	X
CREDIT CARD NUMBER (PLEASE PRINT CLEARLY)	3 or 4 Digit CVC Code	EXP. DATE (MM/YY)	YOUR SIGNATURE
CREDIT CARD TYPE <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DIS			