






# NON-PSIA-AASI CREDIT REQUEST FORM

In order to receive credit for a non-PSIA-AASI event, we require a request for approval of the event in advance.  
 The request must provide us with details of what the event will entail and its duration. Complete this form and return it to us.

 info@psia-nw.org  206.244.8541  206.244.8541  206.241.2885  338 N. WENATCHEE AVE.  
 WENATCHEE, WA 98801

**THIS FORM MUST BE RECEIVED AT LEAST 30 DAYS PRIOR TO THE EVENT FOR PRE-APPROVAL.**

Name \_\_\_\_\_ Member # \_\_\_\_\_ Date \_\_\_\_\_

Mobile Phone # \_\_\_\_\_ / \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Event Name \_\_\_\_\_

Location \_\_\_\_\_

Date \_\_\_\_\_

Event Description (Include information on who will be conducting the event and what material will be covered.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By signing below, I agree I will send this form to the PSIA-NW in the timely manner that is requested. I understand that I may only use this form one time during a season, and may only use this as credit once every three seasons. I also understand that not every event will be approved.**

\_\_\_\_\_  
 Your Signature

After participating in the education event, the member must return documentation signed by an official of the sponsoring organization to the PSIA-NW office in order to receive education credit for the current season.

This is to verify that \_\_\_\_\_ Attended the event specified above on \_\_\_\_\_  
 (Name) (Date)

Signature \_\_\_\_\_  
 (Clinic Leader/Director)

**THE COST FOR NON-PSIA-AASI CREDIT IS \$30.**  
 PLEASE USE THE FORM BELOW, ENCLOSE A CHECK OR GIVE US A CALL TO PAY OVER THE PHONE.

CREDIT CARD PAYMENT			
_____	_____	_____	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			