

# Workshop Request Information Sheet

Workshop Date: \_\_\_\_\_

Location: \_\_\_\_\_

## **Participant Information:**

Name: \_\_\_\_\_

Agency Affiliation/Level \_\_\_\_\_

Contact information:

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please attach copies of:

- 1.) Current Instructor Certification Card
- 2.) Current Professional Liability Insurance
- 3.) Current DAN credentials if any
- 4.) Current First Aid CPR credentials

Workshop fee is due in full to secure your spot and reserve your instructor CD. \$175

## **Please make payment via:**

Paypal portal at bottom of CMAS AMERICAS product page (you do not need a Paypal acct.).

<http://www.cmasamericas.com/products.htm>

You may also use a bank transfer – call for info.