



**PSIA-E/AASI – 2-Day Educational Event
 ROSTER OF PARTICIPANTS
 PLEASE FAX TO CANDACE CHARLES AT (518) 452-6099**



**This form is due to the PSIA-E office at the conclusion of approved in-house educational events.
 PLEASE NOTE: Educational Update credits can not be applied unless this roster is received by the office.
 Members must attend BOTH days to receive educational credit for this event.**

Group Roster

School Name/Location of event: _____ Days/Dates: _____
 Name of assigned staff person: _____

First Name, Last Name :	Day One Attendee	Day Two Attendee	Non- Member	Email Address	Member Number	Discipline Level or Specialty (if Level I)
<i>Attendees must check-in each day – Please mark the appropriate column</i>			(Please note here if you are not a PSIA-E/AASI member)	(If you are not a PSIA-E/AASI member, please provide us your email address. Thank you)	(Must be provided if educational credit is being requested)	
Participants:						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Maximum Group Size is 10 (sorry, no exceptions)						