



PROFESSIONAL SKI INSTRUCTORS OF AMERICA  
EASTERN DIVISION



AMERICAN ASSOCIATION OF SNOWBOARD INSTRUCTORS

A DIVISION OF THE AMERICAN SNOWSPORTS EDUCATION ASSOCIATION

CONSULTING SERVICES

Our consulting services are tailored to meet your needs, are available for all disciplines and are held at your resort on your time-schedule!

- Our Consulting Services can accommodate specific needs you may have for training your staff.
- Exemplary topics which can be addressed are exam preparation, supervisor training, movement analysis, situational skiing, or methodology, to name a few. Many of our staff can also deliver excellent indoor presentations, perfect for preseason training sessions.
- Our Consulting Services are delivered by the PSIA-E/AASI Education Staff of Examiners, Examiner Training Squad, Development Team Members, and Division Clinic Leaders. You can request a specific individual or we can suggest a staff person who would be appropriate for your needs.

CONSULTING SERVICE DAYS/EVENTS DO:

- ✓ Serve snowsports schools with cost effective, tailored, goal focused and high quality training for their staff
- ✓ Can result in a higher attendance rate of your staff as this training is held at your mountain

CONSULTING SERVICE DAYS/EVENTS DO NOT:

- ✓ Fulfill or serve as a re-up clinic for PSIA-E/AASI member educational credit requirements

STEP 1: HOW TO SCHEDULE A CONSULTING ENGAGEMENT AT YOUR RESORT:

If you have questions about consulting, contact Candace Charles at (518) 452-6095 X111.

Submit the attached request form as far ahead of your desired date(s) as possible. We must receive your Request Form in order for your potential consulting day to be considered for scheduling. Once we receive your Request Form, you will be contacted to discuss and confirm all of the details to meet your needs.

Send your completed form via fax to Candace at (518) 452-6099.

STEP 2: WHAT HAPPENS NEXT?

After your request has been submitted, reviewed, and approved for scheduling; the PSIA-E/AASI Office will provide you with a written estimate for your consulting engagement. Upon your approval the event will be scheduled.

After the event, the office will bill the event organizer or snowsports school directly for consulting costs per the details below. If necessary, an explanation of any significant variances to the estimate will be provided. You will be asked to submit the balance due as soon as possible, and within 30 days of invoice. We can accept payments by check or credit card (Visa, MC, Discover only).

11-12 Daily Professional fee (includes all wages, taxes, insurance and administrative fees) – Daily fees are based on the following scale:

| Discipline | Staff Level                 | Staff Level                      | Discipline | Staff Level          | Staff Level                      |
|------------|-----------------------------|----------------------------------|------------|----------------------|----------------------------------|
| Alpine     | BOE or ETS<br>\$325 per day | Dev Team or DCL<br>\$275 per day | Adaptive   | BOE<br>\$255 per day | ETS or Dev Team<br>\$180 per day |
| AASI       | BOE or ETS<br>\$325 per day | Dev Team<br>\$275 per day        | Nordic     | BOE<br>\$280 per day | Dev Team<br>\$240 per day        |
| ACE        | \$275 per day               |                                  |            |                      |                                  |

10-11 Travel, Meals and Lodging Rates:

- ✓ Travel costs - \$.38 per mile for travel, or actual airfare and ground transportation.
- ✓ Meals (unless provided) - \$46 per day for meals (fee is pro-rated for meals in transit and depends on the specific course conductor).
- ✓ Lodging (unless provided) - Actual lodging expenses.

# REQUEST FORM for CONSULTING or 1-DAY Clinic Services



**Mail completed form to:**  
**Candace Charles**  
**PSIA-E/AASI**  
**1-A Lincoln Ave.**  
**Albany, NY 12205-4907**

**Questions?**  
**(518) 452-6095 X111**

**Email to: ccharles@psia-e.org**  
**Fax to: (518) 452-6099**



Type of Event (Circle One):

**SPARK-Kids Clinic - \$150**  
 (On-Snow/1-Day/2 clinic groups, 1grp-AM and 1grp-PM)

**AASI "Droppin In" Clinic - \$250**  
 (On-Snow/1-Day/2 clinic groups, 1grp-AM and 1grp-PM)

**OR**

**Safe Coaching in Freestyle Venues\***  
 (On-Snow/1-Day/1 full-day clinic group)

**Managing the Mainstreamed Student\***  
 (On-Snow/1-Day/1 full-day clinic group)

**Other Consulting Topic\***  
 (Tailored to your specific needs)

\* A cost estimate will be provided for engagements other than SPARK or AASI fixed price offerings. Your engagement will be confirmed after your approval of the estimate.

Requesting Snowsports School: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Person Requesting Event \_\_\_\_\_  
Name Title

Business Phone \_\_\_\_\_ Home or Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Alternative Contact/Administrator \_\_\_\_\_  
Name Business Phone E-mail

Billing Details for invoicing \_\_\_\_\_  
ATTN: Address Details – Resort Name, Number, Street/Road  
 \_\_\_\_\_  
City State Zip

Consulting Dates Requested \_\_\_\_\_  
(Please provide days of week and dates ie Mon/Tues, Dec 18/19)  
First Choice Second Choice

Number of Groups and therefore # of participants anticipated\*: \_\_\_\_\_  
# of groups estimated # of total participants

\*We firmly suggest group size for On-Snow Consulting engagements be limited to 10 per clinic group

If Other Consulting Topic – Tailored to your specific needs, please provide us with some details:

Which Discipline: Alpine Snowboard Adaptive Nordic T/S Nordic Downhill

Content/Topic Requested:  
 (e.g. Exam Prep, Skiing/Riding Improvement, Teaching & Professional Knowledge or other)

\_\_\_\_\_

Type of Event/Location (Circle One): On Snow Off Snow Both \_\_\_

Time of Day: \_\_\_\_\_

Will your resort be able to provide and cover the cost of lodging (or discounted lodging) for clinician(s): Yes No  
 If yes, please provide coordinator with lodging details below:

\_\_\_\_\_

Will your resort be able to provide and cover the costs of meals (or discounted meals) for clinician(s): Yes No  
 If yes, please provide coordinator with meal details below:

\_\_\_\_\_

Other Important Information and Special Requests: \_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Date Request Received: \_\_\_\_\_ Date Confirmed: \_\_\_\_\_

Assigned Staff

Consultant(s) (Name/confirmation check): \_\_\_\_\_

\_\_\_\_\_

Invoice #: \_\_\_\_\_ Date of Invoice: \_\_\_\_\_ Date Payment Received: \_\_\_\_\_