



PSIA-AASI Eastern Division – 1-Day Clinic
ROSTER OF PARTICIPANTS (one roster per group)
PLEASE SCAN TO PSIA-E@PSIA-E.ORG OR FAX (518) 452-6099
 This form is due to the Eastern office at the conclusion of all clinics. Thank you.



TOPIC: _____

School Name/Location of event: _____ Group (circle one): AM-1/2 Day PM-1/2 Day 1-Day/Full Day

Days/Dates: _____ Name of assigned staff person: _____

	Are you over 17 years of age?	Member Number	Discipline and Certification Level	Non-Member	Discipline	Email Address
Participant Names:	Y or N	(if applicable and available)		(Please check 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)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Staff Trainer/Understudy:						
1.						