



PSIA-AASI – Educational Event ROSTER OF PARTICIPANTS



This form is due to the PSIA-E office at the conclusion of approved in-house educational event.
Please fax to 518-452-6099 or email to psia-e@psia-e.org
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	Email Address	Member Number	Discipline Level or Specialty (if Adaptive)
<i>Attendees must check-in each day – Please mark the appropriate column</i>			<i>(If you are not a PSIA-E/AASI member, please provide us your email address. Thank you)</i>	<i>(Must be provided if educational credit is being requested)</i>	
Participants:					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Maximum Group Size is 10 (sorry, no exceptions)					