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| SECTION A | 1 SPONSOR Information |
| Course Provider Name      SPC-409 | [ ]  Agency [ ]  University[ ]  Business [ ]  Association |
| Speaker Name       | Employer Name (if applicable)      |
| 2 CONTACT PERSON |
| [ ]  Mr. [ ]  Mrs.[ ]  Ms. [ ]  \_\_\_\_ | First Name      | M. I.      | Last Name      |
| 3 Mailing Address |
| Address       |
| City      | State      | Zip      |
| 4 Contact Information |
| Primary Phone(     )       -       | Secondary Phone (optional)(     )       -       | Fax (optional)(     )       -       |
| E-mail      | Would you prefer to be contacted by e-mail? [ ]  Yes [ ]  No | Okay to post your e-mail address on TDA website? [ ]  Yes [ ]  No |

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| SECTION B | 1 Method of qualification \*only one required\* |
| Licensed as a Certified Applicator with the TDA for five (5) years or more in the category being taught. Certified Applicator license number here.       | [ ]  Yes [ ]  No |
| A degree from a recognized institution of higher learning which pertains to course being taught. Attach proof of diploma for verification. Please list the degress(s) received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Yes [ ]  No |
| Verifiable proof of training or teaching experience within the preceding three (3) years. Attach agenda or brochure from training/teaching event for verification. | [ ]  Yes [ ]  No |