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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 |