

Continuing Education Merit Request Form

Event Date: _____

Sponsoring Affiliate Name: _____

Contact Person: _____

Event Title: _____

Address: _____

Email: merits@ppa.com
Mail: PPA - MERITS
 229 Peachtree St. NE, Suite 2300
 Atlanta, GA 30303

City, State Zip: _____

Phone: _____

Email: _____

SPEAKER: 2 Speaking Merits (Merit code: 273)

Name

PPA ID #

INSTRUCTOR ASSISTANT: 1 Service Merit (Merit code: 334) Assistant merits will be available to classes with 8 or more students, with one assistant maximum per class.

Name

PPA ID #

ATTENDEES: 1 Service Merit (Merit code: 335) If more than 8 attendees, roster should be submitted in Excel format and include: first name, last name, email, and PPA ID number.

Name

PPA ID #

Method of Payment: Visa Mastercard AMEX Check Pay by phone

Card Number _____

Exp. Date _____

Name on Card _____

Signature _____

\$10 per attendee. No cost for instructors. Merits awarded are not deducted from the sponsoring affiliate merit allotment.

PPA will notify you of the final amount due before payment is processed.