

ID number

## Regional/National Merit Request Form - Not Annual

Merit certificates will be mailed to the contact person on this form. Requests must be sent at least two weeks prior to the event in order to receive merit certificates for the event date. Affiliate Event Date(s): Affiliate Name: Affiliate Meeting Name: \_\_\_\_\_ Contact Person: Address: \_\_\_\_\_ Email: merits@ppa.com City, State, Zip: Mail: PPA - MERITS 229 Peachtree St. NE, Suite 2300 Atlanta, GA 30303 Maximum of four merits in any one calendar year to a member of the affiliate issuing merits, except for PPA Continuing Education merits. President ineligible for merits other than for service as president, except for PPA Continuing Education merits. National and Regional members ARE eligible to receive merits for participation within their own affiliate. Meeting or Seminar (NOT annual) with 6.5 hours of education per day A maximum of two merits per person per meeting, with a maximum of two merits per calendar year. **CHAIRMAN:** 2 Service Merits (Merit code: 243) In the case of co-chairmanship of an event, chairmen may take one merit each for a total of no more than two merits. Name PPA ID# Member of this regional/national affiliate? ☐ Yes ☐ No ☐ Yes □ No **SPEAKER:** 2 Speaking Merits each (Merit code: 241) Member of this regional/national affiliate? Name PPA ID# ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ATTENDEE (PPA CONTINUING EDUCATION): 1 Service Merit each (Merit code: 376) ☐ Yes, I held an approved PPA □ No, I did not hold a PPA Continuing Education class and Continuing Education class. will email the attendee roster to merits@ppa.com. Roster should be in Excel and include: first name, last name, email and PPA

Program (NOT annual) with less than 6.5 hours of education

A maximum of one merit per person. Attendees are not eligible for PPA Continuing Education merits.

CHAIRMAN: 1 Service M	lerit (Merit code	: 237)				
Name	PPA ID#			Member of this regional/national affiliate?		
				☐ Yes	□ No	
SPEAKER: 1 Speaking M	erit each (Meri	t code: 238)				
Name		PPA ID #		Member of this regional/national affiliate?		
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
				☐ Yes	□ No	
Method of Payment:	□ Visa	☐ Mastercard	□ AMEX	☐ Check	□ Pay b	y 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.