

PPA PPA 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 2200
Atlanta, GA 30303
Fax: 404.614.6400

City, State Zip: _____

Phone: _____

Email: _____

SPEAKER: 2 Speaking Merits (Merit code: 273)

Name

PPA ID #

INSTRUCTOR ASSISTANT: 1 Service Merit (Merit code: 334)

Name

PPA ID #

ATTENDEES: 1 Service Merit (Merit code: 335)

Name

PPA ID #

Method of Payment: Visa Mastercard AMEX Check made out to PPA

Card Number _____

Exp. Date _____

Name on Card _____

Signature _____

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

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