



## Preparation & Review Course Schedule Request Form

COURSE DATE REQUESTED	EXAMINATION DATE & TIME (Must be following day)
LOCATION REQUESTED	HOSTED BY
FACILITY NAME	MAXIMUM ROOM CAPACITY
ADDRESS	
CITY	STATE/ ZIP
FACILITY PHONE	ROOM NAME & LOCATION (Floor/Building)
WEB ADDRESS (For Facility)	
PREFERRED HOTEL	PHONE NUMBER
ADDRESS	
PREFERRED AIRPORT	
PARKING/OTHER TRANSPORTATION INFORMATION	
ON-SITE CONTACT NAME (Printed)*	
PHONE & CELL	EMAIL

**PLEASE NOTE:** I understand and agree to the following stipulations:

1. The Prep Course and the Certification exam registrations will be open to all SOCRA members. A minimum of twenty (20) Prep Course participants and a minimum of fifteen (15) exam participants must be guaranteed to schedule the course and exam. SOCRA recommends selection of course and exam dates at least four (4) months prior to secure an instructor and to assure the receipt of payment and completed applications no less than six (6) weeks prior to the exam date. Each attendee who is not a member of SOCRA must submit a Seventy-Five Dollar (\$75.00) membership fee at the time of registration. SOCRA will advertise this course and exam on its website and in the SOCRA Source journal once the course and exam has been confirmed by the SOCRA office. Each attendee is required to pay a course fee of Two Hundred Ninety-Five Dollars (\$295.00).
2. I will be responsible for securing a quiet room set two (2) attendees per six (6) ft table for a minimum of twenty-five (25) participants. I agree to guarantee payment of Two Hundred Ninety-Five Dollars (\$295.00) per attendee if less than the minimum of twenty (20) attendees register for the Prep course, payable within thirty(30) days of receipt of invoice. I agree to provide an LCD projector, lap top computer installed with Microsoft Word and PowerPoint, a registration area, and person to assist the instructor the day of the course with registration, handouts, and facilitation for the course; and provide continental breakfast, lunch, and two(2) breaks for course attendees.
3. SOCRA will reimburse the costs for continental breakfast, lunch, and two (2) breaks for up to Fifty-Five Dollars (\$55.00) per attendee within thirty (30) calendar days of receipt of the invoice. I will ensure that all unused course materials and course evaluations are sent to the SOCRA office no later than two (2) business days following the course. SOCRA will supply the instructor and facilitator for the exam, as well as pay for the instructor and facilitator's travel and hotel.
4. I will provide a similar type of room for the examination the day following the Prep course. The room will have one additional chair and one table at the front of the room for the facilitator. I will sign and complete a separate Exam Scheduling Form in addition to this form.

**SIGNATURE**

PRINTED NAME	DATE
TITLE	COMPANY
PHONE	EMAIL