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AADMM PDMM Regional Education Application

Sponsor Name: _____ Date: _____

Sponsor Email: _____ Telephone: (____) _____

Course Name: _____

Course Date: _____ Course Start Time: _____ Course End Time: _____

Course Location: _____

Presenter Name: _____

Presenter email: _____ Telephone: (____) _____

Company Name: _____ Job Title: _____

Address: _____

Provide a brief (3-4 sentence) bio including qualifications/experience on the course topic:

Provide a brief (1 paragraph) description about the course topic:

Please list in a few bullet points what participants will learn from the course:

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Will handouts be provided for the presentation: ____ Yes ____ No (If yes please attach.)

For Office Use: Date Submitted: _____ Date Replied: _____ Approved: ____ Denied: ____
7-16-18kjd