

Symposium on Request

The Essentials of Strength and Conditioning and Essentials of Personal Training Symposia

Request to Host Form

Select one:

CSCS® Symposium

Desired Date: _____

*This needs to be confirmed by the NSCA Certification Commission

NSCA-CPT® Symposium

Site Information

Name of Host Institution: _____

Address: _____

City/State/ZIP: _____

Site Description

Building Name: _____

Specific Location: _____

Room Capacity: _____

Site Host

Name: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

E-mail: _____

Payment Information for the \$100 Security Deposit

Check

MasterCard

American Express

VISA

Discover

Acct. Number: _____ Exp. Date: _____

Signature: _____

Please complete and return this form to the NSCA Certification Commission via mail or fax to 402-476-7141. Once your form is received, the NSCA Certification Commission will contact you to assist you in determining the best date for your event. Returning this form does not confirm your site. You will receive a Letter of Agreement that will need to be signed by both you and the NSCA Certification Commission confirming the responsibilities of the NSCA Certification Commission and the site host.

PLEASE COMPLETE AND RETURN THIS FORM TO:
NSCA CERTIFICATION COMMISSION
3333 Landmark Circle
Lincoln, NE 68504