TRAINING COURSE APPLICATION

Return to: APSA Continuing Education Committee P.O. Box 2233, Phoenix, AZ 85002-2233 PH: (602) 476-1737

NAME:			
(Print your	name, as you want	it to appear on your cert	ificate.)
MAILING ADDR	ESS:		
CITY:		STATE:	ZIP:
HOME PHONE: _		WORK PHONE: _	
EMPLOYER:			
Arizona Supreme have entered the cunderstand that the	Court to carry a conclasses I prefer to at the fees and the apprecured for the class	ntinuing education credit tend, and have checked	ave been approved by the for the designated hours. If the fees that apply to me. If eived at the above address, non-refundable.
LOCATION:	Aquariu 1900 Sc	us Casino Resort outh Casino Drive, Laug 268-7066	hlin, NV 89029
Sunday,	March 11, 2018, 9:0	2:30 a.m. – 3:30 p.m. A.C 200 a.m. – 1:00 PM - Reported Class (1 hour class)	ort Writing & Skip Tracing
CLE HOURS:			
TOTAL COST:	(\$15.00 PER CLE	HOUR)	
materials provided these courses are RCP (4)e, but is a	d in the courses are not a substitute for symbol of my prof owards the continui	e copyrighted. There are registration and appoint fessional level within the	ciation, I understand that all e no refunds. I understand tment with the Court under e legal community, and will ded under the rules of The
SIGNED:			DATE