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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.)

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For Office Use: Date Submitted: \_\_\_\_\_ Date Replied: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_  
7-16-18kjd