



NEW YORK SCHOOL NUTRITION ASSOCIATION

Course/Program/Workshop Approval Form
Due prior to course date
(Please print)

PROVIDER DETAILS

Educational Provider: _____

Address: _____

City, State & Zip: _____

Contact Person: _____

Email: _____

Phone: _____ Fax: _____

Signature of Contact Person: _____

COURSE/ PROGRAM / WORKSHOP

Title: _____

Date: _____ Times: _____ Location: _____

Key Area: Nutrition Operations Administration Communications & Marketing

Requested: _____ Registration fee _____ Required Attachments:

Printed Program/Agenda Speakers

OFFICE USE ONLY:

Date Received: _____

Date Processed: _____

Number of CEU's Requested: _____

Number of CEU's Approved: _____

Approved by: _____

EMAIL or FAX to:

EMAIL: Membership@NYSchoolNutrition.org

FAX: 518-446-0113