

PHTA Education Partner Program

Program Form



PURPOSE

The purpose of this form is to collect educational program information for the PHTA Educational Partner program.

Educational Partner * _____

Program Title * _____

Learning Objectives * *(Please provide up to 3 objectives describing what the learner will be able to do after this experience.)*

Description * *(4 - 6 sentences describing the content of the program.)*

Program category * Design Engineering Construction Service Business Retail Other

If "Other" for Program Category, please provide brief description _____

Instructor(s) * _____

Duration of course (in hours) * _____

Seminar/Course Sponsor (PHTA Region/Chapter/Member or Other) _____

Location of Program * _____

Date(s) of Program * _____

Yes, I agree that the information provided herein is true and accurate. *

Name * _____

Company * _____

Street Address _____

City _____ State/Province _____ Postal/Zip Code _____

Email * _____ Phone Number * _____

Please submit form to hdickmyer@phta.org

* Indicates entry required