

**Application for Contract Programs**  
**(Instructor provided by IAAO)**

Please submit a separate application to <b>courses@iaao.org</b> for each program. Please type.		
Program #	Program Title	
Dates Programmed to be Offered	City and State of Program Site	
Sponsoring agency name <i>(please do not use acronyms, please spell out)</i>		
Co-Sponsoring agency name <i>(if applicable)</i>		
Contact Name (Education Coordinator)	Title	
Organization/Jurisdiction/Firm	Phone Number	
Business Address	Fax Number	
Business Address (con't)	E-mail	
City	State/Prov.	Postal Code
Program facility's on-site address		
Facility's Phone Number	Facility's Fax Number	
Please describe facility		
<p>Would you like this offering to be listed in the Education Calendar on the IAAO Website and the <i>Fair &amp; Equitable</i> publication?</p> <p><input type="checkbox"/> Yes*      <input type="checkbox"/> No</p> <p>*Please note, we must have at least 3 months notification. Indicate below the agency to be listed as "sponsoring agency" and person to contact (include complete address and telephone number).</p> <p>Person: _____ Phone: _____</p> <p>Address: _____</p>		
Estimated enrollment in program		

Instructor

IAAO will select an instructor from the IAAO Approved Instructor Listing. If you would like to IAAO to contact a specific instructor, please write their name below:

Name: \_\_\_\_\_

Please provide the name, address, and telephone number of a hotel or facility which you believe appropriate for the IAAO Instructor to stay during the program. If the hotel is the same as the program location, indicate "same" below.

Is the facility within walking distance from the classroom site?  Yes  No

Class Schedule

Please indicate at least: one 15 minute morning break each day, one 1 hour lunch break each day, one 15 minute afternoon break each day, total instructional hours must total 30 hours for courses and the assigned number of hours for workshops, and allow 3.5 hours for a course exam and 2.5 hours for a workshop exam (in addition to the instructional hours). Only 1.0 hour is allowed for the USPAP exam.

Shipping Address

Please indicate where the program materials are to be shipped. If they are to be sent to the education coordinator, indicate "coordinator" below. Please provide a physical address, no PO Boxes.

Billing Address

Please indicate where IAAO should send the billing invoice for this program. Include name, address and telephone number. Please detail any specific instructions that may be necessary. If billing should be sent to the education coordinator, indicate "coordinator" below.

Submitted by \_\_\_\_\_ Date \_\_\_\_\_  
*(signature of education coordinator)*

Please print or type

Name: \_\_\_\_\_ Title: \_\_\_\_\_