



# SEMINAR/ WEBINAR CREDIT FORM

## MARKETPLACE EDUCATION SEMINAR/WEBINAR CREDIT FORM

NAME	
COMPANY/ ORGANIZATION	
E-MAIL ADDRESS	

## SEMINAR/WEBINAR INFORMATION

TYPE OF SESSION	<input type="checkbox"/> WEBINAR EACH WEBINAR EQUALS .5 CREDIT	<input type="checkbox"/> STATE ASSOCIATION SEMINAR EACH WEBINAR EQUALS .5 CREDIT
TITLE OF SESSION		
SESSION SPEAKER		
SEMINAR SUMMARY		
SIGNATURE		DATE

**SCAN, FAX OR SEND YOUR COMPLETED FORM TO:**

AMERICAN BUS ASSOCIATION  
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