



NADE CERTIFICATION TRAINING INSTITUTE HOST APPLICATION AND CONTRACT

Please read the policy before completing and submitting this application form.

HOST INSTITUTION/ORGANIZATION: _____

ON-SITE HOST LIAISON NAME: _____

On-Site Host Liaison Email Address: _____

On-Site Host Telephone and Fax: _____

On-Site Host Address: _____

- Number of participants site can accommodate: Maximum ____
Certification policy requires a minimum of twelve, maximum of sixty
- Approximate number of participants host can guarantee: _____
- Training date preferences: (Please suggest more than one date if possible)

- Please give an address to which training materials can be shipped in advance for safekeeping.

- Indicate who will be responsible for arranging the transport of materials from the shipping location to the presentation room.
Name: _____

Please provide the following information to assist Trainers in making travel arrangements:

Closest Hotel Names and Phone Numbers:

Closest Airport: _____

OTHER:

***Return application to: Jennifer Ferguson, Cazenovia College,
150 Seminary Street, Cazenovia, NY 13035**

*Submitting this application implies that the Host Group has read and agreed to the attached
Policy for Hosting a NADE Certification Training Institute.*