

Merit certificates will be mailed to the contact person on this form. Requests must be sent at least two weeks prior to the event in order to receive merit certificate(s) for the event date. Your merit request will be processed in the order in which it was received. Please contact [merits@ppa.com](mailto:merits@ppa.com) to check the status of your request.

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

Affiliate Event Date(s): \_\_\_\_\_

Affiliate Meeting Name: \_\_\_\_\_

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

**Email:**           merits@ppa.com  
**Mail:**             PPA - MERITS  
                       229 Peachtree St. NE, Suite 2300  
                       Atlanta, GA 30303

Mailing Address: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Maximum of four merits in any one calendar year to any one member, except for PPA Continuing Education merits. President ineligible for merits other than for service as president, except for PPA Continuing Education merits. International members ARE eligible to receive merits for participation within their own affiliate.

## Meeting or Seminar (NOT annual) with 6.5 hours of education per day

A maximum of two merits per person per seminar or meeting.

### CHAIRMAN: 2 Service Merits (Merit code: 281)

In the case of co-chairmanship of an event, chairmen may take one merit each for a total of no more than two merits.

Name	PPA ID #	Member of this international affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### SPEAKER: 2 Speaking Merits each (Merit code: 282)

Name	PPA ID #	Member of this international affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Attendee (PPA Continuing Education): 1 Service Merit each (Merit code: 373)

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, I held an approved PPA Continuing Education class and will email the attendee roster to <b><i>merits@ppa.com</i></b> . Roster should be in Excel and include: first name, last name, email and PPA ID number | <input type="checkbox"/> No, I did not hold a PPA Continuing Education class. |
|--|---|

**Program (NOT annual) with less than 6.5 hours of education**

*A maximum of one merit per person, per meeting. Attendees are not eligible for PPA Continuing Education merits.*

**CHAIRMAN:** 1 Speaking Merit (Merit code: 237)

Name _____	PPA ID # _____
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**SPEAKER:** 1 Speaking Merit each (Merit code: 284)

Name	PPA ID #	Member of this international affiliate?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Method of Payment:**     Visa     Mastercard     AMEX     Check     Pay by phone

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**\$10 per attendee. No cost for instructors. Merits awarded are not deducted from the sponsoring affiliate merit allotment.**

PPA will notify you of the final amount due before payment is processed.