

## **Education Points Affidavit**

Return within 30 days to: GCSAA

Attn: Member Help Desk 1421 Research Park Dr Lawrence, KS 66049-3859

Fax: (785) 832-3643

Event Name:					<b>Event Code:</b>				
Date(s) of Event:							GCSAA Education Points:		
This affidavit serves as satisfactory completion of the event listed above. To receive credit, the affidavit must be completed and returned to GCSAA Headquarters — postmarked no later than 30 days from the above date. <b>Education Points are applicable toward both certification and Class A entry and renewal.</b>									
Please circle a number below that represents your overall evaluation of this event.									
Excellent	7	6	5	4	3	2	1	Poor	
What did you learn from this event that you consider of significance or of value?									
Was there any aspect of this event that was disappointing to you? If so, please describe.									
Did you witness any part of the educational programming as being commercial? If so, which speaker(s)?									
In signing this affidavit, I attestherefore receive the Education breaches the GCSAA Code of	n Points t							nded the entire event) and should ication of this information	
Name (please print)				Signatu					
Date									
Date				GCSAA Member #					