

IMSA SECTION: _____



TITLE OF TECHNICAL SESSION: _____

Specialty Certification Areas of Study: _____

Date of Technical Session: _____

Duration of Session: _____

TARP Point Value: _____

Member Number	Last Name	First Name	Phone #:	

SECTION TARP Sign-off: Signature: _____

Speakers Name: _____

Print Name: _____

Speakers Member # _____