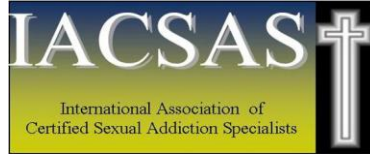


Training Event Approval Form



TITLE OF PROGRAM: _____

TYPE OF PROGRAM: Live ___ Online ___ Other: _____

SPONSOR/PROVIDER: _____

CONTACT PERSON: _____
(please print name)

PROVIDER PHONE/EMAIL: _____

IACSAS CONTENT AREA: Sexual Addiction/Spouses/Partners of Sex Addicts _____
Trauma ___ Addiction ___ Theology of Sexuality _____
Other _____

NAMES OF PRESENTERS: _____

(Enclose resume/vita on each presenter)

LOCATION OF PROGRAM: _____

Will continuing education credits be offered for attending this program? ___ Yes ___ No
If yes, through what organization (s)? _____

IDENTIFY THE PRIMARY AUDIENCE FOR THIS PROGRAM: ___ Professional
counselors ___ Marriage & Family Therapists ___ Social Workers ___ Pastors/Church Leaders
___ Other _____

Would you like for IACSAS to advertise your program online at
sexaddictioncertification.org? ___ Yes ___ No

Please enclose a copy of advertising materials with your application. Also include a vita/resume for all
presenters. Allow 2 weeks for processing. Enclose a check for \$75 made payable to IACSAS. Program
approval is good for one year from date of approval. Application can be mailed to:

IACSAS
2299 Perimeter Park Drive, Suite 120
Atlanta, GA 30341