



Scan and e-mail form to:

[nbowers@nssa-nsca.com](mailto:nbowers@nssa-nsca.com)

...and copy:

[mthomaston@nssa-](mailto:mthomaston@nssa-nsca.com)

[nsca.com](http://nsca.com)

INSTRUCTOR NAME: \_\_\_\_\_

DATE OF CLASS / EVENT: \_\_\_\_\_

EVENT LOCATION: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

((IF NSSA/NSCA ALREADY HAS A RECORD OF YOUR SSN, PLEASE LEAVE THIS BLANK))

COMPANY / LLC (If applicable): \_\_\_\_\_

INSTRUCTOR ADDRESS:

STREET ADDRESS \_\_\_\_\_

CITY, ST \_\_\_\_\_

ZIP \_\_\_\_\_

AMOUNT CLAIMED: \_\$ \_\_\_\_\_

((For the correct amount, consult **Schedule C - "CI Instructor Course Stipend"** in the most recent version of **"Conduct NSCA Instructor courses"** memo. Incorrect claim amount will result in a processing delay.))

COMMENTS: