

# SAI PROVIDER INFORMATION FORM

Please complete all requested information and return to IAITC

Call Carol with scheduling questions-309.557.3334

SAI Name \_\_\_\_\_

Contact \_\_\_\_\_

Entity Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone (optional) \_\_\_\_\_

Email \_\_\_\_\_

SAI Date(s) \_\_\_\_\_

Location \_\_\_\_\_

Grad Credits Awarded \_\_\_\_\_ PDCH Hours \_\_\_\_\_

SAI 1 \_\_\_\_\_ Special Topic \_\_\_\_\_

AITC Presentation \_\_\_\_\_ YES \_\_\_\_\_ NO Presentation Date/Time \_\_\_\_\_

**Return to Carol Harms-Garman by January 13, 2017**

**Email to: [charms-garman@ilfb.org](mailto:charms-garman@ilfb.org)**

**Fax to: 309.557.2098**

**Form available on IAITC website: [www.agintheclassroom.org](http://www.agintheclassroom.org)**



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