PRESBYTERIAN ASSOCIATION OF MUSICIANS

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Class Verification Form for PAM Certification

Name _____

Email Address_____

Phone Number_____

Conference Attended _____

Place _____ Dates _____

Please list worship services, classes, seminars (by title), and choir rehearsals that you attended this week. Include hours spent in each event and the name of the teacher or leader. To receive credit for the purpose of certification, you must attend all available sessions of a given event, class, seminar or choir. On a separate page, please write a brief evaluation of each event listed, including your comments on the content and experience. You may attach extra pages as necessary.

Event	Leader	Hours in Attendance

_____ _____

Signature of Applicant Signature from On-site PAM Office

This form must be completed and signed by the on-site PAM Office by 4:00 PM on the final day of the conference.