



ARDA International Foundation

Session Verification Form

If you wish to receive AIF credit for purchasing and listening to three (3) recordings from the most recent ARDA Convention, you must complete this form and mail or fax it back to ARDA.

Mail to: AIF, 1201 15th Street, NW, Suite 400, Washington, D.C. 20005

Fax to: (202) 289-8544, attn: Education Manager

You must earn credits to maintain the Registered Resort Professional (RRP) or Associate Resort Professional (ARP) designations each year.

Please keep a copy for your personal records.

NAME: _____

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I have my ___ ARP ___ RRP

I listened to the following recordings from the 20___ ARDA Convention.

#1 Session Title: _____

#1 Speaker(s): _____

#1 Useful or interesting information learned: _____

#2 Session Title: _____

#2 Speaker(s): _____

#2 Useful or interesting information learned: _____

#3 Session Title: _____

#3 Speaker(s): _____

#3 Useful or interesting information learned: _____

By signing this form, I am certifying that I listened to the above sessions.

Signature: _____

Date: _____