



REGISTRATION FORM

TEST SITTING CODE

1	0	2	5	2	0	2	5
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Sponsor: Yankee Security Convention, Inc. - Steve McKinney

Date: October 25 Time: 8-12 noon

Location: MassMutual Center 1277 Main St. www.yankeesecurity.org

City: Springfield St: MA Zip: 01103

CANDIDATE (please print)

Last Name: _____ First: _____

Address: _____

City: _____

Work Phone: _____ Alt Phone: _____

Email(s): _____

(Please Provide and Print Email - this is how you will be notified of your scores)

MEMBERSHIP STATUS:

Application will not be accepted at the member rate without valid current membership number

Current Member of ALOA / SAVTA: ☐ Yes ☒ No Member
Have You Ever Taken PRP / STPRP Testing Before: ☐ Yes ☒ No

(If Yes, Current ALOA Certification(s)): _____

What Level Are You Testing For at This Sitting: (can only choose one.