AMS Point Approval Form

Your name: ___________________________________________________________________________

Your company: ________________________________________________________________________

Name(s) of the course(s)/training you attended:  _____________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Date of attendance: ____________________________________________________________________

Training was offered by: _________________________________________________________________

Length of course(s)/training:  _____________________________________________________________

Title(s) of the training:  __________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Please briefly explain what you learned from this training.
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Submit this form along with proof of attendance to: Cindy Chen, chen@hida.org.