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| **PSEA LOCAL ASSOCIATION FINANCIAL EDUCATION WORKSHOP****2019-20 REQUEST FORM** **Note: At least 30 minutes should be allocated to the workshop presentation time.** |
|  |
| **Region:**  | **Local Association Name:**  |
| **Date :**  | **Time:** **Start -**  | **Finish** -  |
| **Location:**  |
|  Facility Name:  |
|  Facility Address:  |
|  Facility Telephone #:  |
|  Directions to Facility:  |
|  |
| **UNISERV REPRESENTATIVE**  |
| Name:  | Phone #:  |
|  |
| **LOCAL ASSOCIATION CONTACT PERSON**  |
|  Name:  | Phone#:  | E-mail:  |
|  |
| **DETAILS OF WORKSHOP** |
|  Number of attendees expected?  | Speaker’s other than presenter?  |
|  Are door prizes being given out?  | Will food be served before or after presentation?  |
|  |
| **WORKSHOP SELECTION** |
| [ ]  The Real World of Getting Started & Saving  |  | [ ]  Maximizing PSEA Member Benefits |
| Successfully |  | [ ]  Act 5 Update: Understanding Your  |
| [ ]  Establishing Your Retirement Needs  |  |  Retirement Options  |
| [ ]  Behind the Numbers: Retirement Savings |  | [ ]  The Saver’s Credit  |
| Beyond PSERS  |  | [ ]  Severe Weather & Winter Storm Preparedness  |
| [ ]  How to Retire from Public Education  |  | [ ]  Home Fire & Flood Safety |
| [ ]  Understanding Social Security |  | [ ]  Auto and Home Insurance 101  |
| [ ]  Living in Retirement |  | [ ]  ID Theft and Online Safety (Act 48)  |
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| This section for PSEA Member Benefit Use Only |  | PRESENTER: |
| REQUEST REC’D: | APPROVAL: | PRESENTER: |