



**Louisiana Life Safety & Security Association (LLSSA)**  
**Continuing Education Units Sponsorship Request Form**

Contact for more information:  
Peggy Page (337) 886-7282 | [director@llssa.org](mailto:director@llssa.org)

*Company Name:*

*Billing Contact:*

*Billing Email*

*Street Address:*

*Suite:*

*City:*

*State:*

*Zip:*

*Phone#:*

*Website:*

*Product/Service:*

*Instructor's Name:*

*Phone:*

*Email:*

**Class Title:**

**Type of Instruction:**

*Traditional Classroom/Instructor Led*

*Hands-On Training/Instructor Led*

**Number of Credits:**

**Course Description:** *(This description will be placed in the Event Application)*

**A/V Equipment Needed:** *(We will provide screens)*    *I will have my own projector.*    **YES**    **NO**

***No class will be assigned without this form.***

***Please submit to [director@llssa.org](mailto:director@llssa.org) at minimum 30 days before event!***  
***Content will be reviewed and you will be notified if class is assigned.***

*You will receive an invoice for this class only if it is assigned.*  
*Time, Room & Logistics will be emailed to you prior to the event.*