SPINNING® CONTINUING EDUCATION CREDIT (SPIN® CEC) PETITION FORM



		Instructor #:	Instructor #:	
Address:		•		
City:		State/Province:	ZIP/Postal Code:	
Daytime Phone:	ytime Phone:		E-mail Address:	
COURSE INFORMA	TION			
Name of Course:				
Date of Course Completion:		Total Course Hours:	Total Course Hours:	
Course Provider:				
Provider Address:				
City:		State/Province:	ZIP/Postal Code	
Daytime Phone:		E-mail Address:	E-mail Address:	
Instructor Name:		· · · · · · · · · · · · · · · · · · ·		
Degree Level:		Major:	Major:	
PETITION FEE: A <u>nonr</u>	n. ng the amount of time spent in ea <u>efundable</u> petition fee of \$25.		is required per course. Please note t	
	Total Enclosed: \$		☐ Check payable to Mad Dogg Athletics, Inc.	
Total Enclosed: \$		☐ Check payable to I	Mad Dogg Athletics, Inc.	
Total Enclosed: \$	☐ MasterCard	☐ Check payable to I☐ American Express	Mad Dogg Athletics, Inc. ☐ Discover	

For questions, please call 800.847.7746 or 310.823.7008 or send an e-mail to education@spinning.com

2111 Narcissus Court, Venice, CA 90291 | FAX: 310.823.7408

Once your petition has been evaluated, you will receive an email indicating the number of SPIN CECs you have been awarded.