



DE TSA Chapter Advisor Sign-Off Sheet

I certify that the required national forms and the DETSA travel plan bulleted below are complete. I will keep and be able to produce a copy of the required national forms upon request by the DETSA State Advisor or designee. I have submitted the Travel Plan for each person in my delegation attending the National TSA Conference with the DETSA State Advisor or designee by **June 15, 2026**

- National TSA, Inc. [Authorization, Waiver and Release Form](#) - 2026
- National TSA, Inc. [Special Needs/Accommodations Form](#) (as needed) – 2026
- Delaware (DE TSA) *[Chapter Travel Plan](#) Workbook - 2026 _____ (Advisor Initial)
**Note: Complete Chapter Travel Plan Workbook after national registration has closed.*

I certify that I will review and share the following with each person in in my delegation prior to attendance:

- National TSA, Inc. [Code of Conduct](#) 2026
- National TSA, Inc. [Conference Attendance Policy](#) 2026
- National TSA, Inc. [Important Conference Information](#) 2026
- National TSA, Inc. [Dates and Deadlines](#) 2026
- National TSA, Inc. [Travel, Dining, & Attractions](#) 2026
- National TSA, Inc. [Voting Delegates](#) 2026
- National TSA, Inc. [National TSA Dress Code](#) 2026
- Delaware (DE TSA) [Schedule-At-A-Glance](#) 2026 _____ (Advisor Initial)
**Note: The schedule-at-a-glance [National TSA Conference Dress Code](#) will be updated in early June to include detail of the expected nightly m[DE TSA Schedule-At-A-Glance 2026.docx](#) eetings of the DETSA delegation.*

TSA Advisor (Print Name)

School Name

TSA Advisor (Signature)

Date

Sign and email the DETSA Chapter Advisor Sign-Off Sheet as a PDF to
Lindsey Klemash at lklemash@detsa.org by **June 15, 2025**