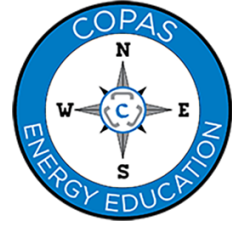


NON CEE EVENT

EDUCATION EVENT NOTIFICATION FORM & CPE
AWARD REQUEST



SOCIETY/COMMITTEE/GROUP: _____

EVENT DATE AND TIME: _____

EVENT LOCATION AND ADDRESS: _____

DESIGNATED RESPONSIBLE ADMINISTRATOR: _____

ADMINISTRATOR EMAIL: _____

ADMINISTRATOR TELEPHONE: _____

Have you included advertising for approval? _____

Cost of registration if applicable: _____

Who would registrants contact for refund, cancellation, or complaints:

Please complete next page on presentation (one page per presentation)

PRESENTATION TITLE:

Developed date:

PRESENTER NAME:

COMPANY:

BIO/RESUME ATTACHED:

PRESENTATION ATTACHED:

HANDOUTS INCLUDED:

LENGTH OF PRESENTATION:

PRESENTATION DESCRIPTION:

LEARNING OBJECTIVES:

SUGGESTED FIELD OF STUDY:

PROGRAM LEVEL:

If the above is not "Basic" there must be a stated pre-requisite, please provide that here:

HOW TO REGISTER:

PRESENTATION TITLE:

Developed date:

PRESENTER NAME:

COMPANY:

BIO/RESUME ATTACHED:

PRESENTATION ATTACHED:

HANDOUTS INCLUDED:

LENGTH OF PRESENTATION:

PRESENTATION DESCRIPTION:

LEARNING OBJECTIVES:

SUGGESTED FIELD OF STUDY:

PROGRAM LEVEL:

If the above is not "Basic" there must be a stated pre-requisite, please provide that here:

HOW TO REGISTER: