CEU Form

Application form for

Continuing Education Course Credit for

Solid Waste Management Facility Operators and Spotters in Florida

Name: _____

Title/Position: _____

Facility Name: _____

Address: _____

_____

City State Zip

Phone: ( ) Fax: ( ) _____

Email: _____

Event Name: **NAHAMMA Conference HHW/SQG Workshop - 2009**

Date: **May 5-8, 2009**

Event #: **528**

Provider: **Florida NAHMMA Chapter**

I have taken the required initial training for the type operator hours indicated below. Please apply these contact hours to my transcript:

	Classification		Hours Approved	Representative Signature
❑	Landfill/C&D/TS/MRF/Spot	#528 General Sessions 5/5-7/2009	4	
❑	Landfill/C&D/TS/MRF/Spot	#555 HazMat IQ Training 5/7/2009	4	
❑	Landfill/C&D/TS/MRF/Spot	#555 HazMat IQ Training 5/8/2009	4	

The signature of the NAHAMMA Representative is mandatory and affirms your attendance for the conference.

Please send by Fax to: 352/392-6910

(no cover sheet needed)

- A link to your updated transcript will be emailed if the address is provided.
- A copy of your transcript will be mailed if no email address is provided.

Questions - contact:

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University of Florida TREEO Center
352/392-9570, ext 227