



144 W. Crystal Lake Ave | Lake Mary FL | 32746
 800-556-3559 | 407-324-0500 | F407-302-52185

Continuing Education Credit Request Form

***Cancellation Policy:** Your cost as the sponsor covers the credits given to the audience and varies depending on how many states and what type of license will be needed by that particular audience. Cost can be provided upon request. If you cancel less than 30 days prior to the course, sponsors are still responsible for the administration fees.

COURSE DETAILS: Please complete all information requested below. Thank you.

NAME OF ORGANIZATION.....

WHERE COURSE IS SCHEDULED ADDRESS

CITY, STATE, ZIP CODE

CONTACT PERSON

CONTACT PHONE #

CONTACT EMAIL

DATE OF PRESENTATION START TIME # OF CREDIT HOURS

PRESENTATION TOPIC

PRESENTATION TYPE ONSITE:FACE-2-FACE WEBINAR CONFERENCE/SEMINAR

*Who Do We Email Program Material To : (name/email address) _____ / _____

ABOUT PRESENTER (S)

NAME: _____ COMPANY: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

ADDRESS: _____

if more than one presenter, please provide requested information on a separate sheet for each additional speaker

ABOUT SPONSOR COMPANY

SPONSOR CONTACT PERSON: _____ ORGANIZATION: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

ADDRESS: _____

AUDIENCE BREAKDOWN BY ATTENDEE TYPE—Please indicate estimated numbers of each licensed attendee type

# OF ATTENDEES FOR EACH LICENSE TYPE	Nurse	WC Adj	Liab Adj	Prop Adj	CCM	CDMS	CRC	Atty	Ins. Agent	Other	Description of "Other"
Onsite—Face 2 Face											
Webinar											
Conference/Seminar											

STATES REQUESTED

CLE (Attorney) STATES NEEDED →

CE (Adjuster/Agent) STATES NEEDED →