Provider #0003208

CEA CONTINUING EDUCATION
REGISTRATION FORM

Contractors

Complete all 14 hours of state required continuing education credits by attending this 2-day workshop.

Advanced 2010 FBC Significant Code Changes — 1 hr.
(CILB Course #0010833/ECLB Course # 0008241— ADV)
A Journey Through Your Business Lifecycle — 4 hrs.
(CILB Course #0009699/ECLB Course #0007876 — B/C)
Understanding Workers Compensation — 1 hr.
(CILB Course #0008545 ECLB Course #0007374 — C)
Worksite Safety — 1 hr.
(CILB Course #0008546/ECLB Course #0007375 — S)

Improved Management Techniques — 2 hrs.
(CILB Course #0009697ECLB Course #0007875 — B)
Florida Laws & Rules — 1 hr.
(CILB Course #0010178) (Approved for CILB ONLY)
Wind Mitigation Methodologies — 1 hr.
(CILB #0010303) (Approved for CILB ONLY)
Asset Protection — 1 hr.
(CILB Course #0009694/ECLB Course #0007872— B)
Business Benchmark — 1hr.
(CILB Course #0008548/ECLB Course #0007377— B)
Lien Law — 1 hr.
(CILB Course #9693/ECLB Course #0007877 — B)
-OR– **NEC Update —** (correspondence course) **7 hrs.**
(ECLB #0800203 — T) (Approved for ECLB ONLY)

DAY 1

DAY 2

Electrical Contractors

Attend day 1 and receive 7 credit hours, including all state mandated requirements, and receive your remaining 7 technical hours through our take home correspondence course.

2015 Schedule:

Day 1:	Day 2:
May 7	May 19
July 9	July 14
August 4	August 5

Time:
8:00 am - 4:00 pm (both days)

Lunch Included

Fees:
One Day — $75/Two Days — $150

Location:
Spring Hill Suites Tampa Westshore Airport
4835 W. Cypress St. Tampa, FL 33607

Register Online on our Secure Website HERE

Questions? Contact:
Jean Gretzinger 813-405-2277 ext. 200

Registration Form

Name: _____ License #(s): _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Course Dates to Attend: _____

Email Address: _____

Payment by Mail ☐
Mail to: 12610 New Brittany Blvd., Fort Myers, FL 33907
Attn: Melissa Carson (Payable to: The Continuing Education Academy)

Payment by Fax ☐
(A) Fax completed registration form to: 813-405-2441
(B) Fax completed Credit Card Info (Page 2) to: 239-738-7644

Payment by Online Registration
www.theceacademy.com

Rescheduling—all collected funds will be put toward a future 2015 CEA seminar.
Cancellation —there will be no refund of fees collected if a cancellation is made less than 2 business days prior to the seminar. A $10 cancellation fee will apply to all cancellations.
No shows—there will be no refunds issued for no shows.
(Credit requirements valid as of March 2015)

The Continuing Education Academy
12610 New Brittany Blvd.
Fort Myers, FL 33907
www.theceacademy.com

JGW

If you received this transmission in error, please call me at 813-405-2277 ext. 200

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CONTINUING EDUCATION

Credit Card Authorization Form

FAX TO: 239-738-7644

(MAILING ADDRESS: 12610 NEW BRITTANY BLVD FORT MYERS, FL 33907)

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

_____

Credit Card Type: _____ Visa _____ MasterCard _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Amount to Charge: $ _____ (USD)

Attendee Name: (If different from cardholder) _____

Email address: (for confirmation) _____

License #(s):_____ **Phone:** _____

Course Dates to Attend: _____

Dates:

Day 1:	Day 2:
May 7	May 19
July 9	July 14
August 4	August 5

Time:
8:00 am - 4:00 pm (both days)

Fees:
One Day — $75
Two Days — $150

Location:
Spring Hill Suites Tampa
Westshore Airport
4835 W. Cypress St.
Tampa, FL 33607

I authorize The Continuing Education Academy to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. By signing this form I authorize The Continuing Education Academy to debit my account for the above amount on or after the date below. This is permission for a single transaction only, and is not authorization for any additional unrelated debits or credits to said account. The Cardholder herein waives and releases any and all rights to dispute or request a charge back or credit to the above credit card in connection with any charge made pursuant to this Agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Print Name: _____

We accept:

VISA MasterCard AMERICAN EXPRESS

Fax Credit Card Authorization form to: 239-738-7644
Fax Registration form to: 813-405-2441

We realize that it is an inconvenience to send your registration paperwork and payment information to two different fax numbers but we appreciate you doing so. The privacy of your credit card information is of paramount importance to us and this allows us to use all safeguards to protect it.

Rescheduling—all collected funds will be put toward a future 2015 CEA seminar.
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