

# CEA CONTINUING EDUCATION REGISTRATION FORM



## Contractors

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

- Advanced 2014 FBC Significant Code Changes—1 hr.**  
(CILB Course# 0611359/ECLB Course# 0801491— ADV Asset Protection — 1 hr.  
(CILB Course #0009694/ECLB Course #0007872— B)
- Florida Laws & Rules — 1 hr.**  
(CILB Course #0010178) (Approved for CILB ONLY)
- Lien Law — 1 hr.**  
(CILB Course #9693/ECLB Course #0007877 — B)
- Understanding Workers Compensation — 1 hr.**  
(CILB Course #0008545 ECLB Course #0007374 — C)
- Wind Mitigation Methodologies — 1 hr.**  
(CILB #0010303) (Approved for CILB ONLY)
- Worksite Safety — 1 hr.**  
(CILB Course #0008546/ECLB Course #0007375 — S)

- A Journey Through Your Business Lifecycle — 4 hrs.**  
(CILB Course #0009699/ECLB Course #0007876 — B/C)
- Business Benchmark — 1hr.**  
(CILB Course #0008548/ECLB Course #0007377— B)
- Improved Management Techniques — 2 hrs.**  
(CILB Course #0009697/ECLB Course #0007875 — 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 6 credit hours, including state mandated requirements, attend for just one hour on day 2 and receive your remaining 7 technical hours through our take-home correspondence course.

### 2016 Schedule:

Day 1 **May 4**      Day 2 **May 5**

**Time:**  
9:00 am - 4:30 pm (both days)

**Fees:**  
One Day — \$50  
Two Days — \$99

**Location:**  
**Holiday Inn Express-Airport**  
1150 W. State Road 84  
Ft. Lauderdale, FL

Refer a friend and get \$20 off your Registration!\*



**Register Online on our Secure Website [HERE](#)**



**Questions? Contact:  
Bill Rusch 954-947-1100**

## Registration Form

Name: \_\_\_\_\_ License #(s): \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Course Dates to Attend: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of CEA attendee who referred you (optional friend referral): \_\_\_\_\_

### 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: 239-939-4391  
(B) Fax completed Credit Card Info (Page 2) to: 239-738-7644

### Payment by Online Registration

Visit our secure website @:  
[www.theceacademy.com](http://www.theceacademy.com)

**Rescheduling**—all collected funds will be put toward a future 2016 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.  
\*\$20 Refer-A-Friend refund will be paid after the closing of each session

**The Continuing Education Academy**  
12610 New Brittany Blvd.  
Fort Myers, FL 33907  
[www.theceacademy.com](http://www.theceacademy.com)



# 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: \_\_\_\_\_ Referred by a Friend? \_\_ yes \_\_ no

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:**



Refer a friend and get \$20 off your Registration!\*



**Fax Credit Card Authorization form to: 239-738-7644**

**Fax Registration form to: 239-939-4391**

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.

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