



Center for Conferences

116 International Center
Iowa City, Iowa 52242

To be completed and submitted to The Center for Conferences after course completion.

____ _ ____ _ ____ _
month of birth date of birth last 4 digits of SSN

PERSONAL IDENTIFIER USED TO
MAINTAIN YOUR CEU RECORDS

Name _____

Mailing Address _____

City / State _____

OCCUPATION (Primary)

ZIP _____ Phone (____) _____ E-mail _____

PROFESSIONAL LICENSE NO.

Business Address _____

PROGRAM / COURSE TITLE

City / State _____

PROGRAM / COURSE DATE

ZIP _____ Daytime Phone (____) _____

FOR OFFICE USE ONLY _____

Program Number _____ Program/Course Title _____

CEUs Earned _____ Authorized for Computer Entry _____ Date _____

PLEASE PRINT CLEARLY