CEU Submission Form

(Please complete one form per attendee.)

Texas Accredited Forester No. __________

Name:________________________________________________________________________

Address:_______________________________________________________________________

City:__________________________________State:_____________Zip:___________________

Telephone:________________________Email:________________________________________

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<tr>
<th>Class Name</th>
<th>Date</th>
<th>Location</th>
<th>Units (hours) requested</th>
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- You must attach verification of attendance for each of the above classes. Verification may include sign in sheets, certificates, etc.
- You must include the agenda/time for the class

Submit forms and attachments to:

Texas Forestry Association
Texas Accredited Forester Council
P.O. Box 1488
Lufkin, TX 75902-1488
(936) 632-8733 phone
(936) 632-9461 fax
Email: sstutts@texasforestry.org

Accredited Forester website at: http://www.texasforestry.org/programs/texas-accredited-forester-council