



## CEU Request Form

Title of educational program/event: \_\_\_\_\_

Date of program/event: \_\_\_\_\_

Location of program/event: \_\_\_\_\_

Number of hours involved in the program/event: \_\_\_\_\_

Please complete the following information. You will be sent a CEU certificate stating the conference/workshop name and the number of CEU units awarded for your participation in this conference/workshop.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_

E-mail \_\_\_\_\_

Number of actual hours of instruction (10 instructional hours = 1 CEU) \_\_\_\_\_

CEU registration cost: **\$15** Please make checks payable to *Plymouth State University*.

Return this form, a copy of your certificate of participation, and check to:

Plymouth State University  
Frost School of Continuing and Professional Studies  
Attn: Gail Carr  
17 High Street  
MSC 10  
Plymouth NH 03264