Workers' Compensation and Workplace Safety Webinar Registration Form

The form may be e-mailed to BocSeminars@MyFloridaCFO.com or faxed to 239-338-2786.

1. NAME OF INDIVIDUAL ATTENDING (As you want it to appear on the Certificate of Completion)

First	Initial	Last	Suffix(Jr. Sr.)

2. BUSINESS INFORMATION:

Business Name:							
Street Address:							
City:							
State:	Zip Code:	Phone #:	-	-	Fax #:	-	-
E-mail Address:							

3. LICENSE INFORMATION:

(For CEU reporting to the Department of Business & Professional Regulation; CILB & ECLB licenses only; 1 CEU awarded per course)

Construction Industry Licensing Board	Electrical Contractors Licensing Boar	d	
CILB Provider Number: 0004354	ECLB Provider Number: 0004684		
Workers' Comp # 10118; Workplace Safety # 10630	Workers' Comp # 8264; Workplace Safety # 8263		
Type of License:	License #:		
Name of License Holder:	Eff. Date: Exp	o. Date:	

Successful completion of a TEST immediately following the class is required for processing of the CEU credit.

4. PLEASE IDENTIFY THE WEBINAR(s) FOR WHICH YOU ARE REGISTERING:

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Workers' Compensation	July 19, 2017	2:00 – 3:00 pm		Workplace Safety	July 20, 2017	2:00 – 3:00 pm
Workers' Compensation	August 2, 2017	2:00 – 3:00 pm		Workplace Safety	August 3, 2017	2:00 – 3:00 pm
Workers' Compensation	September 13, 2017	2:00 – 3:00 pm		Workplace Safety	September 14, 2017	2:00 – 3:00 pm
Workers' Compensation	October 4, 2017	2:00 – 3:00 pm		Workplace Safety	October 5, 2017	2:00 – 3:00 pm
Workers' Compensation	November 1, 2017	2:00 – 3:00 pm		Workplace Safety	November 2, 2017	2:00 – 3:00 pm
Workers' Compensation	December 13, 2017	2:00 – 3:00 pm		Workplace Safety	December 14, 2017	2:00 – 3:00 pm

A separate form is <u>required for each person</u> attending the webinar, although, you may submit one form for multiple webinars. Please write clearly and complete the form as applicable.