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	Su	ffix(Jr. Sr.)

BUSINESS INFORMATION: 2.

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

LICENSE INFORMATION: 3.

(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	B 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 18, 2019	2:00 – 3:00 pm		Workplace Safety	July 17, 2019
Workers' Compensation	August 14, 2019	2:00 – 3:00 pm		Workplace Safety	August 15, 2019
Workers' Compensation	September 18, 2019	2:00 – 3:00 pm		Workplace Safety	September 19, 2019
Workers' Compensation	October 16, 2019	2:00 – 3:00 pm		Workplace Safety	October 17, 2019
Workers' Compensation	November 13, 2019	2:00 – 3:00 pm		Workplace Safety	November 14, 2019
Workers' Compensation	December 4, 2019	2:00 – 3:00 pm		Workplace Safety	December 5, 2019

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

2:00 -

3:00 pm 2:00 -

3:00 pm