Registrant Name: _____________________________________________________________

Event Organization Name:______________________________________________________

Event Organization City:_______________________________________________________

Event Organization Contact:_____________________________________________________

Event Organization Phone No.:___________________________________________________

Date of Learning Event:________________________________________________________________

Title of Learning Event:_______________________________________________

(Learning Event Types = Conference, Presentation, Seminar, Field Day, Workshop, Technical Sales Presentation, College course, etc.)

PDH’s earned during Event:_____________________________________________________________

(PDH’s = effective contact time, should be in increments of 0.5 hours)

Role in Learning Event:  □ Category A- Presentation Attendee.
                                      □ Category B- Development, research, preparation and presentation of learning event.

Provide a brief summary of Learning Event:

____________________________________________________________________________________
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____________________________________________________________________________________

Registrant Signature:_______________________________  Date:_____________________________

I CERTIFY that all information above and submitted to support this form is correct and true to the best of my knowledge.

(Please keep this form and any additional required documentation for the Learning Event in case of audit.)

*Please complete a separate Learning Event Form for each course or Presentation*

Email form to info@escac.ca