

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

Registrant Name: _____

Event Sponsoring Organization Name: _____

Event Sponsoring Organization Address: _____

Event Sponsoring Organization Phone: _____

Event Sponsoring Organization Contact: _____ (optional)

Title of Learning Event: _____

Location of Learning Event: _____

Type of Learning Event: _____

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

Date of Learning Event: _____

PDH's Earned During Event: _____

PDH's = effective contact time, should be in
increments of 0.5 hours

Provide a Brief Summary of Learning Event or Development, Research, and Development

Registrant Signature: _____

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.