



CAI Chapter Program Participant Form

PARTICIPANT PORTION – To be completed by participant

Chapter Affiliation: _____ **Designation/Certification:** _____

Name: _____

Company Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Office Number: _____ **Office Fax #:** _____

Email: _____ **Web Site:** _____

Participant: Please keep a copy of this form along with a copy of the program brochure in a file documenting your continuing education for your professional designations.

CHAPTER PORTION – To be completed by chapter representative

1. Host Chapter: Dallas / Ft. Worth CAI
2. Course/Seminar Title: 2019 Expo | Park-ology
3. Course/Seminar Date: Wednesday, September 11, 2019
4. Course/Seminar Location: Plano Event Center | Plano, TX
5. Length of program: 1 hour | Hours/C.E.Units: 1 Credit
6. Course/Seminar Speaker: Butch DeFillippo | PlayWell Group

James Nicholson, Chapter Representative
Verified By (Please print name and title)


Verification Signature