



AREMA 2009 Annual Conference

CONTINUING EDUCATION UNITS (CEU) REQUEST FORM

The University of North Florida Division of Continuing Education (UNF) will award CEU's for AREMA educational activities. In order to obtain 1.05 CEU'S, please confirm that you attended the following sessions.

FORM SUBMITTAL DEADLINE – OCTOBER 30, 2009

I, _____, certify that I attended the following sessions.
(Fill in your name here)

Which sessions did you attend? Please check the appropriate boxes.

Monday, September 21, 2009

- Opening General Session
- Meet The Next Generation Panel Discussion

Tuesday, September 22, 2009

Check only one SESSION in this category.

- Communications & Signals
- Engineering Services
- Maintenance
- Passenger & Transit
- Structures
- Track

Wednesday, September 23, 2009

- Closing General Session

Return this form to the AREMA Registration Desk.

Your CEU Certificate will be mailed to you after the conference from the University of North Florida

Please Print:

Name _____ Title _____

Organization _____ E-mail Address _____

Address _____ City, State, Zip _____

Phone _____ Fax _____

I certify that I attended the above checked sessions.

Signature _____ Date _____

PLEASE NOTE FORMS MUST BE RECEIVED BY DEADLINE OR WILL NOT BE PROCESSED.

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION



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**CEU HOURS REQUEST FORM
PAYMENT INFORMATION**

PLEASE NOTE AREMA INCURS EXPENSES TO PRODUCE YOUR CEU CERTIFICATES. THE CERTIFICATES WILL COST \$25.00 EACH. PLEASE ENCLOSE YOUR PAYMENT INFORMATION IN ORDER TO RECEIVE A CEU CERTIFICATE. YOU WILL RECEIVE 1.05 CEU. THE CERTIFICATE WILL BE MAILED AFTER THE CONFERENCE.

FORM SUBMITTAL DEADLINE – OCTOBER 30, 2009
PLEASE NOTE FORMS MUST BE RECEIVED BY DEADLINE OR WILL NOT BE PROCESSED.

(Please type or print)

Name _____

Title _____

Company _____

Address _____

City _____ State/Province _____

Country _____ Zip/Postal Code _____

Phone _____ Fax _____

E-Mail _____

PAYMENT OPTIONS *PAYMENT MUST BE INCLUDED*

Visa MasterCard American Express

Account Number

Expiration Date

CSC Code (3-digit ID # on front or back of card)

Cardholder's Name

Authorized Signature

Cardholder's Phone Number

Billing Zip/Postal Code

Check or money order made payable to AREMA in US Dollars (drawn on a US Bank). Check # _____

Certificate request forms without payment will not be processed.