Certified Crop Adviser CEU Application Form	Certified	Crop Advis	ser CEU Ap	plication	Form
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CEU	Tracking Number

Please apply for ONLY ONE meeting per form and carefully type or print all requested information. Thank you.

Contact name		Contact phone no	Cor	ntact fax no			
Sponsoring Organization		E-mail address					
Address of Contact		City State Zip					
Meeting title Open to public \(\bigcup \) Yes \(\bigcup \) No \(\text{Fee \$}							
Is this a previously approved meeting? Yes No If yes, provide tracking number and date held?//							
Meeting Location (Hotel name, convention ctr., etc.)	Address	City/State/Zip Code	Date(s)	Time(s)			
Program Information: Please complete the reverse side of this form, matching your topics being presented with the competency area in the performance objective booklet. To convert minutes to CEUs, please see the CEU conversion table in the instruction packet.							
CEUs Requested:	Nutrient Mgmt Soil & Water Mgmt	Pest Mgmt. Crop Mgmt		Total CEUs			
List the states you wish to apply for CEUs in:							
Please refer to CEU application instructions and indicate if you are applying for: International CEUs (6 or more states attending) Local Board CEUs							
CCA BOARD USE ONLY							
	NM	SW PM	CM				

		CCA Boa	rd Repres	entative Signature:		Date:	
Performate design at	ance Objective ind candidate stu	Booklet or the idy. In fact, C	local boar EU session	rd booklet for the state or proving should cover new concepts, re	e match to the best area as found in the bocce for which you are applying. CEUs need ecent research results or other science that on, i.e., submission of handouts and prese	d not match explicit PO's as relates to PO's but goes be	s these were designed for test
Date	Session Start & End Time Start Time End Time	CEU Area NM-SW PM-CM	CEUs	Session Title	Session Summary (or attach)	Speak (or at	er name and background tach)
	Start Time End Time						
	Start Time End Time						
	Start Time						

End Time	 	 	