

GMF Continuing Education Units

Name: _____

Address: _____

Phone: _____

Alternate Phone: _____

Email: _____

District: _____

Shop Name: _____

Industry, State, District Office (5pts Each)

Date: _____ Office Held: _____

Date: _____ Office Held: _____

Date: _____ Office Held: _____

Date: _____ Office Held: _____

GSFA Convention (20pts Each)

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

GSFA Summer Symposium (15pts Each)

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Industry Regional Program Attendance (10pts Each)(Southern Chapter, SRFA, ect.)

Date: _____ Location: _____

Date: _____ Location: _____

National Program Attendance (15pts Each)

Date: _____ Location: _____

Date: _____ Location: _____

District Program Attendance (2pts Each)

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

Programs Presented (10pts Each)

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

State/Wholesale Program other than Convention/Summer Symposium (5pts Each)

Date: _____ Location: _____

Date: _____ Location: _____

Date: _____ Location: _____

If additional space is needed, please attach additional pages.