

6. Course/Seminar Speaker:

CAI Chapter Program Participant Form

PARTICIPANT PORTION – To be completed by participant	
Chapter Affiliation: New Engla	nd Designation/Certification:
Name:	·
Company Name:	
Address:	
City/State:	Zip Code:
Phone:	Email:
Participant: Please keep a copy of this form documenting continuing education for your professional designations.	
CHAPTER PORTION – To be completed by chapter representative	
1. Host Chapter:	CAI New England Chapter
2. Course/Seminar Title:	Capital Projects - Planning, Funding & Oversight
3. Course/Seminar Date:	April 1, 2021
4. Course/Seminar Location:	WEBINAR
5. Length of program:	1.5 hours/1.5 C.E Units

Claudette Carini

Various Panel Speakers

Verification Signature Claudette Carini, Executive Director CAI New England Chapter