



CAI Chapter Program Participant Form

PARTICIPANT PORTION – To be completed by participant

Chapter Affiliation: New England

Designation/Certification: _____

Name: _____

Company Name: _____

Address: _____

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

Phone: _____ **Email:** _____

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: CAI New England Chapter
2. Course/Seminar Title: Board Governance Best Practices
3. Course/Seminar Date: February 4, 2021
4. Course/Seminar Location: WEBINAR
5. Length of program: 1.5 hours/1.5 C.E Units
6. Course/Seminar Speaker: Brady, Eriksen, Herbert, Lombardi, Lisman

Claudette Carini
Verification Signature
Claudette Carini, Executive Director
CAI New England Chapter