



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 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: | Reserve Studies & Reserve Funding |
| 3. Course/Seminar Date: | May 6, 2021 |
| 4. Course/Seminar Location: | WEBINAR |
| 5. Length of program: | 1.5 hours/1.5 C.E Units |
| 6. Course/Seminar Speaker: | H. Alan Mooney/Michael Lockhart |

Claudette Carini

Verification Signature

**Claudette Carini, Executive Director
CAI New England Chapter**