Florida Government Finance Officers Association
CPE Request Form

Name _____

Chapter _____

E-mail _____

Course Title:
Date:
Time:
Location:
CPE Type: *(please circle one)*
A&A TB BEH
Credit Hours: *(whole hours only; 50 minutes equals one hour)*
Course Description: *(If more than 2 Hours include time spent on each section)*
Please attach a copy of your meeting notice or agenda