

OWENSBORO COMMUNITY & TECHNICAL COLLEGE
Continuing Education Units (CEUs)

Name _____

Address _____

City _____

State _____ Zip _____

Phone (_____) _____

E-mail address _____

Company _____

Social Security Number _____

Certificates will be mailed to the above address

Name of CEU Event	<i>2010 NEW Early Childhood Summer Institute</i>
Date of Event	<i>June 28-30, 2010</i>
Event Location	<i>Galt House Hotel, Louisville, KY</i>

Clock Hours _____	x 0.1 = _____	CEUs
<i>Attach a copy of completed page 24 from the 2010 ECSI Conference Program for verification of attendance</i>		
<u>Cost:</u>	\$8.00	
<i>Make check payable to:</i> Owensboro Community and Technical College 1501 Frederica Street Owensboro, KY 42301		

College Contact: Kim Free – 270-686-4446