

**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	<b><i>2011 NEW Early Childhood Summer Institute</i></b>
Date of Event	<b><i>June 20-22, 2011</i></b>
Event Location	<b><i>Galt House Hotel, Louisville, KY</i></b>

Clock Hours _____	x 0.1 = _____	CEUs
<b><i>Attach a copy of completed page 24 from the 2011 ECSI Conference Program for verification of attendance</i></b>		
<b><u>Cost:</u></b>	\$8.00	
<b><i>Make check payable to:</i></b> Owensboro Community and Technical College 1501 Frederica Street Owensboro, KY 42301		

College Contact: Kim Free – 270-686-4446