

Workers' Compensation and Workplace Safety Registration Form

The Form May Either Be E-mailed to BocSeminars@MyFloridaCFO.com Or Fax to 850-413-1987 .

1. NAME OF INDIVIDUAL ATTENDING (As you want it to appear on the Certificate of Completion)

First	Initial	Last	Suffix (Jr. Sr. III)

2. BUSINESS NAME:

3. BUSINESS INFORMATION:

Street Address	City	State	Zip Code
- -	- -		
Telephone Number	Fax Number	E-Mail Address	

4. LICENSE INFORMATION: (For CEU Purposes with DBPR - CILB; DBPR – ECLB; or DBPR – Board of Accountancy)

Agency Issuing License	License #	Type of License
Name of License Holder	Effective Date	Expiration Date

5. PLEASE IDENTIFY THE SESSION FOR WHICH YOU ARE REGISTERING: All Times are 9:00 am to 12:00 noon

	Date	City	Location
<input type="checkbox"/>	July 19, 2016	Jacksonville	City of Jacksonville, Bldg. Inspection Services, Training Room, 214 North Hogan Street, Jacksonville, FL 32202
<input type="checkbox"/>	July 20, 2016	Ft. Myers	State of Florida Office Building, 2295 Victoria Ave., Room 165 C & D, Ft. Myers, FL. 33901
<input type="checkbox"/>	August 2, 2016	Miami	State of Florida Rhode Bldg, 401 NW 2nd Ave., South Tower, Room N-423, Miami, FL. 33128
<input type="checkbox"/>	August 16, 2016	Tampa	State of Florida Park Trammel Building, 1313 North Tampa Street, Suite 605, Tampa, FL. 33603