

# AMBA CEU SUBMISSION FORM

NAME:		DATE:
BUSINESS NAME:		
CMRS ANNIVERSARY:		AMBA MEMBER #:
ADDRESS:		
CITY:	STATE:	ZIP CODE:
HOME PHONE:	WORK PHONE:	FAX NUMBER:
EMAIL ADDRESS:		

CEU Title/ Subject	CEU Date	CEU Instructor/Publisher	CEU Hours	AMBA Pre-Approved?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
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				<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that I personally participated as required for the CEU credit claimed above.

Signature

\*Note to Members: It is your responsibility to submit this form. Please include any proof that CEUs were obtained, such as a certificate of completion, proof of purchase, invoice, etc... Please do not submit original documents, because they will not be returned. All 15 CEUs must be submitted together on one form. Effective Jan. 1, 2008, fifty (50%) percent of CEUs must come from AMBA courses and or training.

\*Please Do Not Fax if more than 10 pages

**Mail to: AMBA**  
**2465 East Main**  
**Davis, OK 73030**  
**(580) 369-2700 PHONE**  
**(580) 369-2703 FAX**