



CPMR – CSP
Continuing Education Report Form

NAME: _____
 (please print)

Company _____ CONFERENCE **PTRA 2011** _____

Maintenance of Certification

Please print your name and check the sessions you attended and fax to 303-379-6024 or bring to MRERF table before you leave

<u>SESSION</u>	<u>SPEAKER / SUBJECT</u>	<u>ATTENDED</u>	<u>CEH</u>
<u>Panel Discussion</u>	<u>What the Customer Wants</u>	_____	<u>1.25</u>
<u>Maximize Technology</u>	<u>Steve Turner</u>	_____	<u>1.5</u>
<u>Mutual Action Planning</u>	<u>The Pease Group</u>	_____	<u>1.5</u>
<u>Keeping Your People Selling</u>	<u>Paul Pease</u>	_____	<u>1</u>
<u>General Session</u>	<u>Alan Beaulieu</u>	_____	<u>1.5</u>

TOTAL EARNED _____

Total available 6.75 hours

MRERF
 8329 Cole St. Arvada, CO 80005
 Ph: 303-463-1801 Fax: 303-379-6024
 e-mail: susannah@mrerf.org

<p><i>For office use only</i></p> <p>Total CUEs To Date</p> <p>_____</p>
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