
Primary Presenter(s): (name, degree, credentials, email address and telephone number)

Facility Name and Address:

Number of CE credits: (not including lunch hours and/or break) _____

What type of CE credits do you want to offer? (circle all that apply) APT NBCC

Name of Co-Sponsor: (if applicable)

Website: _____

Contact information to include; email, address, phone:

Please submit to: Doris Schuldt
3658 Brodie Station
Fayetteville, AR 72703

(or) dschuldt@uark.edu

