



Continuing EDUCATION



Building contractors

Complete all 14 hours of state required continuing education credits by attending this 2-day workshop.
(Credit requirements valid as of April 2011)

Electrical Contractors

Attend day 1 and receive 7 credit hours, including all state mandated requirements, and receive your remaining 7 technical hours through our correspondence course.
(Credit requirements valid as of April 2011)

Day 1

- Advanced 2007 FBC Significant Code Changes — 1 hr.**
(CILB Course #0010833/ECLB Course # 0008241— ADV)
- A Journey Through Your Business Lifecycle — 4 hrs.**
(CILB Course #0009699/ECLB Course #0007876 — B/C)
- Understanding Workers Compensation — 1 hr.**
(CILB Course #0008545 ECLB Course #0007374 — C)
- Worksite Safety — 1 hr.**
(CILB Course #0008546/ECLB Course #0007375— S)

Day 2

- Improved Management Techniques — 2 hrs.**
(CILB Course #0009697/ECLB Course #0007875— B)
- Florida Laws & Rules — 1 hr.**
(CILB Course #0010178) (Approved for CILB ONLY)
- Wind Mitigation Methodologies — 1 hr.**
(CILB #0010303) (Approved for CILB ONLY)
- Asset Protection — 1 hr.**
(CILB Course #0009694/ECLB Course #0007872— B)
- Business Benchmark — 1hr.**
(CILB Course #0008548/ECLB Course #0007377— B)
- Lien Law — 1 hr.**
(CILB Course #9693/ECLB Course #0007877 — B)
- OR- **NEC Update — 7 hrs.**
(ECLB #0800203 — T) (Approved for ECLB ONLY)

Dates:

Day 1:	Day 2:
March 27	March 29
April 19	April 24
May 15	May 24
June 5	June 14
June 19	June 27
July 11	July 17
July 26	July 31
August 11	August 12
August 23	August 28

Time:

8:00 am - 4:00 pm (both days)

Fees:

One Day — \$100/Two Days — \$200

Location:

Spring Hill Suites Tampa Westshore Airport
4835 W. Cypress St.
Tampa, FL 33607

Fax completed form to the CEA office at: 813-405-2441
Additional questions should be directed to:
Jean at 813-405-2277 ext. 200

Name: _____ License #(s): _____
 Company: _____ Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Course Dates to Attend: _____

{ } Check – Mail to: 3708 W Swann Avenue Suite #201, Tampa, Florida 33609, Attn: Jean Gretzinger

(Payable to: The Continuing Education Academy)

{ } Credit Card# _____ Exp Date _____

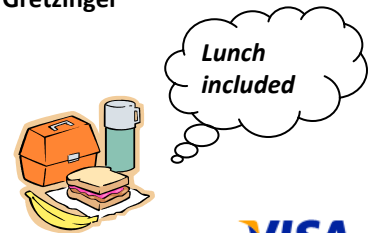
Name (as it appears on card): _____

Billing Address: _____
(If different from above)

Signature _____ Amount to be billed: \$ _____

Email Address: _____

Member of: _____ (BIA or Organization)



Provider #0003208

Rescheduling—all collected funds will be put toward a future CEA seminar.
Cancellation —there will be no refund of fees collected if a cancellation is made less than 2 business days prior to the seminar. A \$10 cancellation fee will apply to all cancellations.
No shows—there will be no refunds issued for no shows.

The Continuing Education Academy
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