

Application to Present a

Chapter Meeting Program for CPE Credit

SAVE this form to your desktop first. Then open it, fill it in, save it and you'll be able to send it by email. Please fill this application out completely. You will be notified when your session is approved or if more information is needed. Submit completed applications to Lou Hitt, hittlou@yahoo.com, PPE Chairperson.

Chapter:	Person Completing Form:
Foday's Date:	Your Email Address:
Chapter President:	Chapter President's Phone Number:
Chapter President's Email:	
Fitle of Session:	
Brief Description of Session: (300	words or less)
ength of Presentation:	Number of CPE Hours Requested:
Name of Presenter: (use the name of the primary presenter responsible for contacting all other presenters)	
	Chapter if applicable:
Presenter's Email	Phone:

Name of Second Presenter: Chapter if applicable:	
Chantor if applicables	
Chapter if applicable.	
Second Presenter's Email:	
Second Presenter's Credentials:	
Name of a member from your presenting chapter who would facilitate your session. (Collect sign-in sheets & introduce)	
Technology Required:YesNo	
If "Yes" what type of technology:	
FOR PPE COMMITTEE USE ONLY	
Texas State Organization President's Signature:	
Date:	