



Continuing EDUCATION



Provider # 0003208

Building contractors

Complete all 14 hours of state required continuing education credits by attending this 2-day workshop.
(Credit requirements valid as of December 2013)

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 December 2013)

Day 1

- Advanced 2010 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 for Contractors — 2 hrs.**
(CILB Course #0008549/ECLB Course #0007378— B)
- Lien Law — 1 hr.**
(CILB Course #9693/ECLB Course #0007877 — B)
- OR- NEC Update — (correspondence course) 7 hrs.**
(ECLB #0800203 — T) (Approved for ECLB ONLY)

May 7-8, 2014
July 9-10, 2014

Time:

9:00 am - 4:30 pm (both days)

Fees:

One Day — \$75
Two Days — \$150

Location:

3200 Bailey Lane, Suite 110
Naples, FL 34105

Fax completed form to the CBIA office at:
239-436-3878
Additional questions should be directed to:
Nancy Vickers@ 239-436-6100

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

{ } Check – Mail to: 3200 Bailey Lane, suite 110, Naples, FL 34105, Attn: Nancy Vickers
(Payable to: CBIA)

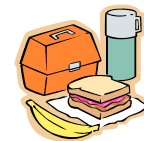
{ } Credit Card# _____ Exp Date _____

Name (as it appears on card): _____

Billing Address: _____
(If different from above)

Signature _____ Amount to be billed: \$ _____

Email Address: _____



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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