

Chapter Post CE Event Balance Sheet

PLEASE COMPLETE ENTIRE TOP PORTION OF FORM

Please complete this form and ship it with the CE Certificates to be POF office within 10 days of the event. Chapters may not be eligible to hold additional CE courses until this form is completed and all the CE certificates and the required non-member fees are received in the POF office.

Date of CE event _____ Chapter _____

Location of Event _____

Address _____

City _____ ST _____ Zip _____

Contact Person _____

1. Course Title _____

Speaker _____

Number of POF Members _____ Number of Non-member (\$10.00 each) _____

2. Course Title _____

Speaker _____

Number of POF Members _____ Number of Non-member (\$10.00 each) _____

3. Course Title _____

Speaker _____

Number of POF Members _____ Number of Non-member (\$10.00 each) _____

4. Course Title _____

Speaker _____

Number of POF Members _____ Number of Non-member (\$10.00 each) _____

Total amount the chapter is remitting for non-members attending this event \$ _____

Amount is enclosed

I certify that these individuals attended and participated in each of courses for the entire presentation and to the best of knowledge that this report is accurate.

Chapter Education Chair or Chapter President

***Important:** Rosters will be randomly audited and your chapter will be billed \$20.00 per hour for every non-member not reported and paid for on this report.

This portion to be completed by Professional Opticians of Florida's office

All the CE Certificates from this event were received on _____ Date

Amounts collected by POF office:

Registrations collected from POF members: \$ _____ total from _____ members

Registrations collected from non-members: \$ _____ total from _____ non-members

\$ _____ Grand total collected at POF office

POF's collected grand total less the non-members fees listed above \$ _____ Owed to Chapter POF

Check cut and mailed to chapter on _____ Date or Amount owed POF office received _____