



# APLD CEU Request Form

Please complete this form to apply for CEU credits to be assigned to your event. Send the completed form to APLD Headquarters (contact information is at the bottom of this page). Use an additional sheet if necessary. **Please allow 30 business days for CEUs to be reviewed and approved.** We will try our best to accommodate a date needed, but do not guarantee within 30 business days.

\* Please send a copy of the program agenda, as well as completing the required information below.

1. Requested by: \_\_\_\_\_ Date Needed: \_\_\_\_\_

2. Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

3. Event Name: \_\_\_\_\_

4. Event Sponsored by: \_\_\_\_\_

5. Event Date & Time: \_\_\_\_\_

6. Event Location (city/state): \_\_\_\_\_

7. Number of sessions: \_\_\_\_\_ Length of session (in hours): \_\_\_\_\_  
*(Breaks and Lunch not included in length of session)*

8. Is this program a workshop, lecture or garden tour? \_\_\_\_\_

9. Is this program virtual or in-person? \_\_\_\_\_

10. Registration Link: \_\_\_\_\_

11. Speaker(s) background/bio/education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Detailed paragraph about each class/session:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

APLD will be charging a \$50.00 annual fee, per applying organization, for CEU request form(s) submitted. This \$50.00 fee ensures that all of your approved APLD CEUs will be advertised on APLD's website to members.



# APLD CEU Request Form

Applying Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## METHOD OF PAYMENT

Check enclosed (Please make checks payable to APLD)

Please charge my:     Visa     MasterCard     Discover     AmEx    \$50.00

Name on Card: \_\_\_\_\_ Card Security Code: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_