



2010 Contractor License Renewal

Provider #0003208



Building contractors — complete all 14 hours of state required continuing education credits by attending this 2-day workshop.
Electrical Contractors — attend day 1 and receive 7 credit hours, including all state mandated requirements, and receive 7 hour correspondence course for the remaining 7 technical hours.
(Credit requirements valid as of February 2010)

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 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 — 7 hrs.
(ECLB Course #0800203 — T) (Approved for ECLB ONLY)

Dates:

June 8-9 July 13-14
June 22-23 July 28-19
August 17-18

Time:

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

Fees:

One Day — \$125

Two Days — \$250

Seminars to be held at:

HBA Metro Orlando
544 Mayo Avenue, Orlando, FL 32751
Orlando, FL 32751

Fax completed form to the CEA office at:
407-472-3335
Additional questions should be directed to:
Jason Fox @ 407-649-8922

Pay in advance and receive 40% off the list price of your seminar! Call for details!

Name: _____ License #(s) : _____

Company: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Course Dates to Attend: _____

{ } Check – Mail to: 3222 Corrine Drive, Suite A, Orlando, FL 32803 Attn: Jason Fox

(Payable to: The Continuing Education Academy)

Email Address: _____

{ } Credit Card# _____ Exp Date _____

Name (as it appears on card): _____

Billing Address: _____

Signature _____ Amount to be billed: \$ _____

Email Address: _____



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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