



## NALP Continuing Education Units (CEU) Submission/Re-instatement Form

Submit 24 CEUs earned during the 2 calendar years prior to the good-through date on your wallet card. The reinstatement fee is \$200.00. Questions? Contact NALP at 800-395-2522. Prices subject to change.

<b>Name</b>		<b>Email</b>	
<b>Company</b>		<b>Phone</b>	<b>Fax</b>
<b>Work Address</b>		<b>Home Address</b>	
<b>City ST Zip</b>		<b>City ST Zip</b>	
<b>Payment Required \$200.</b> Indicate credit card info or make check payable to NALP		<input type="checkbox"/> <b>Visa</b>	<input type="checkbox"/> <b>MasterCard</b>
<b>Card #</b>		<b>Exp Date</b>	<input type="checkbox"/> <b>Amex</b>
<b>Cardholder Name</b>		<b>Signature</b>	
<b>Credit Card Billing Address</b> (if different from above)			
<b>Preferred Mailing Address</b> <input type="checkbox"/> <b>Company</b> <input type="checkbox"/> <b>Home</b>			

FOR NALP USE ONLY	
<b>ID</b>	_____
<b>Due</b>	_____
Year Designations Earned	
Landscape Industry Certified	
<input type="checkbox"/> Manager	_____
<input type="checkbox"/> Lawn Care Manager	_____
<input type="checkbox"/> Hort Technician	_____
<input type="checkbox"/> Interior Technician	_____
<input type="checkbox"/> Lawn Care Technician	_____
<input type="checkbox"/> Lawn Care – Nat'l	_____
<input type="checkbox"/> Technician	_____
Irrigation	_____
Hardscape	_____
Softscape	_____
Ornamental	_____
Turf	_____

I attest that I completed the activities listed below. **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Date of Activity Month/Year	CEU Category	Title/Description	Sponsoring Organization Event Location (City, State)	# of CEUs
<b>EXAMPLE</b> 5/2015	<b>Educ1</b>	<b>Session Name + Conference Name + Summarized Session Description</b>	<b>Sponsor Name + City, State</b>	<b>10.5</b>

Fax CREDIT CARD forms to: 703-322.2066

Mail CHECK forms to: National Association of Landscape Professionals, P.O. Box 822945, Philadelphia, PA 19182-2945

