Georgia Continuing Logger Education (CLE)
Provider Application Form

Activity/Event Title: _____
(please limit to 60 characters or less)

Start Date: _____

End Date (if multi-day event): _____

Location (City, State): _____

PROGRAM TAKES PLACE:

○ One Time

○ On Demand *(webinar, etc.)*

○ Multiple Times *(please attach list of dates)*

Primary Event Organizer: _____
(i.e. institution, university, agency, chapter, state society)

Primary Contact: _____

Phone _____ **Email** _____

ADVERTISING (Choose One):

○ **Use event contact listed above** for advertisements in GA-MTH communications.

○ **Use alternate/additional event contact information**
If point of contact for event questions and/or registration is different from event 'Primary Contact' listed above, please specify alternate name, phone, email, event website, etc. below:
_____
_____

○ **Private Event:** Check if you prefer that your event NOT be publicized.

AGENDA: Please attach a complete agenda with *all* of the following items

► date(s) of the events

► speaker(s)' names and titles

► presentation start/end time(s)

► presentation title and *brief* description or indication of content to be covered

► for field trips–travel time & time at each location/stop

PLEASE RETURN YOUR APPLICATION VIA EMAIL TO cookfc@uga.edu
Questions? Contact us at 706-542-7691

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Center for Forest Business
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