



CPEFTP

Chapter _____

Course Name: _____

Instructor(s): _____ **Location:** _____

Course Length: _____ **Date:** _____

SIGN-IN SHEET

FOR REPORTING, please submit to chapterprograms@ashrae.org within 10 days of meeting

Please PRINT your name (we need to be able to read this to accurately report it)	Formal Signature	Are you a registered engineer in Florida?	
		Yes, Florida PE reg. no. (required)	No
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