



American Institute for Creative Education

P.O. Box 763

Bath, ME 04530

Phone: (877) 778-AICE Fax: (207) 443-2658

CEU Registration Form

Mr.
Mrs.
Miss
Ms.

Name (Last) (First) Social Security/Insurance No.

Address:

(Number and Street) (Home Phone) (Business Phone)

(City) (State) (Zip Code)

Course Title: _____

Location: _____

Date(s): _____

Name of Employer: _____

Address: _____

Position Held: _____

Is this the first AICE course you have taken? _____ Yes _____ No

Signature: _____

Date: _____