

VIRGINIA SHARP LOGGER CONTINUING EDUCATION PROGRAM

FORM FOR DOCUMENTING PARTICIPATION IN CONTINUING EDUCATION PROGRAMS OR ACTIVITIES OTHER THAN SHARP LOGGER SPONSORED PROGRAMS

(Examples are: Courses at local Community Colleges; Continuing Education Workshops or Short Courses; Service on Public or Community Boards or Commissions; Professional Training Programs; Degrees or Certificates Earned, Etc.)

NAME: _____	SHARP Logger # (if known) _____
COMPANY NAME: _____	PHONE (work): _____
OWNER: _____	PHONE (home): _____
E-MAIL: _____	PHONE (fax): _____
ADDRESS: _____	<input type="checkbox"/> (Mark box if this is a change of Address or Company)
CITY: _____	COUNTY: _____
STATE: _____	ZIP: _____

NAME OF CONTINUING EDUCATION PROGRAM OR ACTIVITY: _____

LOCATION: _____

DATE: _____ TIME: _____ NO. OF HOURS (OR CREDITS): _____

CONTACT PERSON: _____ PHONE #: _____

BRIEF DESCRIPTION OF CONTINUING EDUCATION PROGRAM OR ACTIVITY**: _____

** A Program Outline, Course Syllabus, Certificate of Participation, Attendance List or other form of documentation of participation is acceptable (please attach to this form).

Please mail completed form to:

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