



CEC Training Program Affidavit

Please return form to:

NADCA

1120 Route 73, Suite 200

Mt. Laurel, NJ 08054

Phone: (855) GO-NADCA / (855) 466- 2322

Fax: (856) 439-0525

Email: membership@nadca.com

NADCA CEC Training Programs: _____

Trainer Name: _____

Company: _____

This document hereby confirms the following individuals attended the NADCA CEC Training Program given this
_____ day of _____, 20_____.

Trainer Signature: _____ Date: _____

Attendees:

Print Name

Signature

- | | |
|-----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |

Make additional copies as needed.