



The Southeastern Wood Producers Association Inc
 PO Box 9 Hilliard, Florida 32046
 P: 904-845-7133 F: 888-252-3919 www.swpa.ag

**2019 SWPA
 FL & GA Continuing Logger Education Events
 & Registration Form
 (On Location/ In Person)**

LOCATION	DATE	DAY	PROGRAM		TIME
Rome, GA	October 10, 2019	Thu	Program details still being confirmed	8 hrs	8:00AM-5:00PM
McRae, GA	November 7, 2019	Thu	Program details still being confirmed	8 hrs	8:00AM-5:00PM
Palatka, FL	November 22, 2019	Fri	Florida Master Logger Annual Update	4 hrs	8:00AM-12:00PM
Waycross, GA	December 4, 2019	Wed	Program details still being confirmed	8 hrs	8:00AM-5:00PM
Hilliard, FL	December 13, 2019	Fri	Florida Master Logger Annual Update	4 hrs	8:00AM-12:00PM
Macon, GA	December 19, 2019	Thu	Program details still being confirmed	8 hrs	8:00AM-5:00PM

NAME: _____ TITLE: _____ COMPANY: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____ COUNTY: _____

HOME PHONE: _____ OFFICE: _____ MOBILE: _____

GA Master Timber Harvester # _____ or FL Master Logger #: _____ FAX: _____

EMAIL: _____ Preferred name on NAME BADGE: _____

(Circle all that apply) AM - 4 hrs / PM - 4 hrs / Full day - 8hrs / Florida Master Logger Renewal Workshop

Date & Location of Workshop: _____

REGISTRATION FEES PER PERSON:

SWPA WOOD PRODUCERS MEMBERS*& Employees	Full Day -8 Hours	No CHARGE
	4 Hour ½ Day	No CHARGE
SWPA ASSOCIATE MEMBERS*& Employees	Full Day -8 Hours	\$30.00
	4 Hour ½ Day	No CHARGE
ALL OTHERS NON MEMBERS (\$50 per Hour)	8 Hour Workshop	\$ 400.00
	½ Day - 4 Hour Workshop	\$ 200.00
FLORIDA WORKSHOP – Non Member		\$200.00

TOTAL: \$ _____

**NOTE: Lunch will be provided for 6 or 8 Hour registered workshops only. CFE Hours will vary by location
 (If you are not sure of your membership status with SWPA please give us a call at 904-845-7133)**

<p>Fax to: 888-252-3919 or mail completed form with payment to: SWPA PO Box 9 Hilliard, Florida 32046 904/845-7133 Or call the SWPA office to charge to your credit card ASAP prior to workshop to insure a seat!</p>	<p align="center">FOR SWPA OFFICE USE ONLY check#: _____ Date Payment Received: _____ SWPA Member: _____</p>
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