

Mississippi Continuing Logger Education Credit

In order for you to receive credit towards continuing education you must complete two copies of this form. Keep one copy for your records, and mail one copy to:

Logger Education Program
Box 9681
Mississippi State, MS 39762-9681

Please print clearly:

Your Name: _____

Company/Organization: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone: _____

Name of Continuing Education Program or Activity _____

Date: _____ Location: _____

Brief Description of Program or Activity* : _____

Organizer: _____

Meeting hours: _____

Credit Hours: Category I (Formal Meeting or class) _____
Category II (Other, i.e. Field day, etc.) _____

Signed: _____ (meeting coordinator or instructor)

Contact Name: _____ (Please Print) Contact Phone: _____

* A program outline, course syllabus, certificate of participation of other form of documentation may be attached to this form.