

CONTINUING EDUCATION UNIT TEST FORM

American Society of Highway Engineers
Harrisburg Section

Training Session Name:

Date:

Attendee's Name (Please print):

Attendee's Mailing Address:

Attendee's Phone Number:

DESCRIBE FOUR IMPORTANT ITEMS PRESENTED AT THIS SESSION

1.

2.

3.

4.

Form must be submitted via email using the "Submit by Email" button provided above. By submitting this form via email, you are certifying you have attended this course in its entirety.

FOR USE BY TECHNICAL COMMITTEE

Session Trainer or Technical Committee Chair:

Signature: Approved: Failed: