

## Chapter Post CE Event Balance Sheet

PLEASE COMPLETE ENTIRE TOP PORTION OF FORM

Please complete this form and mail it along with the CE Certificates to the POF office within 10 days of the event. Chapters may not be eligible to hold additional CE courses until this form is completed and all the CE certificates and the required non-member fees are received in the POF office.

Date of CE event \_\_\_\_\_ Chapter \_\_\_\_\_

Location of Event \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

1. Course Title \_\_\_\_\_  
Speaker \_\_\_\_\_  
Number of POF Member(s) \_\_\_\_\_ Number of Non-member(s) (\$10.00 per hour each) \_\_\_\_\_
2. Course Title \_\_\_\_\_  
Speaker \_\_\_\_\_  
Number of POF Member(s) \_\_\_\_\_ Number of Non-member(s) (\$10.00 per hour each) \_\_\_\_\_
3. Course Title \_\_\_\_\_  
Speaker \_\_\_\_\_  
Number of POF Member(s) \_\_\_\_\_ Number of Non-member(s) (\$10.00 per hour each) \_\_\_\_\_
4. Course Title \_\_\_\_\_  
Speaker \_\_\_\_\_  
Number of POF Member(s) \_\_\_\_\_ Number of Non-member(s) (\$10.00 per hour each) \_\_\_\_\_

Total amount chapter is remitting for non-members attending this event \$ \_\_\_\_\_

*I certify that these individuals attended and participated in each of course(s) for the entire presentation and to the best of my knowledge that this report is accurate.*

\_\_\_\_\_  
Chapter Education Chair or Chapter President

**\*Important:** Rosters will be randomly audited and your chapter will be billed \$20.00 per hour for every non-member not reported / paid for on this report.

### This portion to be completed by Professional Opticians of Florida's office

All the CE Certificates from this event were received on \_\_\_\_\_ Date

Amounts collected by POF office:

Registrations collected from POF members: \$ \_\_\_\_\_ total from \_\_\_\_\_ members

Registrations collected from non-members: \$ \_\_\_\_\_ total from \_\_\_\_\_ non-members

\$ \_\_\_\_\_ Grand total collected at POF office

POF's collected grand total less the non-members fees listed above \$ \_\_\_\_\_ Owed to  Chapter  POF

Check cut and mailed to chapter on \_\_\_\_\_ Date or Amount owed POF office received \_\_\_\_\_