



CAI Chapter Program Participant Form

PARTICIPANT PORTION – To be completed by participant

Chapter Affiliation: New England

Designation/Certification: _____

Name: _____

Company Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Participant: Please keep a copy of this form along with a copy of the program brochure in a file documenting your continuing education for your professional designations.

CHAPTER PORTION – To be completed by chapter representative

1. Host Chapter: CAI New England
2. Course/Seminar Title: Deep Dive Safety Dialogue Parts 1 & 2
3. Course/Seminar Date: June 17, 2024 | 12:00 pm – 1:00 pm
July 18, 2024 | 1:00 pm – 2:15 pm
4. Course/Seminar Location: Webinar
5. Length of program: 2 hours / 2 C.E Units
6. Course/Seminar Speaker: Christopher Lanni, CPP, CMCA, AMS
Ryan Severance, Esq. | Moriarty Bielan & Malloy LLC

Claudette Carini

Verification Signature

**Claudette Carini, Executive Director
CAI New England Chapter**

