Refrigeration Service Engineers Society
Roster for Training CEHs

Program Title: _____

Program Hours: _____ Program Approved CEHs: _____ Program Date: _____

Presenter: _____ Course Number: _____

Authorized Training Group: _____

Program Delivery Location: _____

Printed Name	Member No.	Signature

Send completed forms to: **MAIL:** RSES, Attn: CEH Records, 1911 Rohlwing Road, Suite A, Rolling Meadows, IL 60008-1397
FAX: 847-297-5038 **EMAIL:** cehrecords@rses.org