

**NATIONAL COTTON GINNERS ASSOCIATION
Cotton Ginner Certification Program Continuing
Education Credit**

Application for Credit

Name _____

Ginning Company _____

Address _____

City _____ State _____ Zip _____

Name of Event (School, Workshop, Seminar, Meeting)

Sponsoring Organization _____

Date, Time and Place of Event _____

Summary of Information Presented at Event **(Actual agenda must be attached to this form)**

Attendance Verification by Sponsoring Organization:

Signature _____ Title _____

Organization _____ Date _____

For NCGA Use Only

Credit Hours Assigned _____ Date _____ Signature _____

Contact:

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