



Canadian Fitness Education Services

Advancing the Standards in Fitness Leadership Training Since 1980

CFES Re-Certification Workshops Application Form

Section 1

Workshop Presenter: _____

Workshop Presenter Credentials/Qualifications: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Email: _____

Website: _____

Section 2

Workshop Title: _____

Workshop Description (max. 200 words): _____

Please signify the workshop re-certification designation:

Aquafit Instructors

Group Fitness Instructors

Weight Training Instructors

Personal Trainers

Presenters

Skills Assessment Evaluators

Educators

Workshop Date: _____ Workshop Time: _____

Workshop credit hours for CEUs: _____ Workshop Cost: _____

Location Info (Facility name, address, phone): _____

Workshop Registration Contact Info: _____

Date: _____ Signature: _____

Please allow three to four business days for document processing. To confirm your CFES Re-Certification Workshop(s) approval visit the CFES Course Calendar + Workshops hotlink [<http://canadianfitness.net/calendar/categoryevents/3-Workshops.html>]. Contact us if there are any errors or omissions.