



**ARIZONA BEEF QUALITY ASSURANCE**  
Continuing Education Units- Attendance Verification

*AZ State Coordinator fill below:*

Program Date: \_\_\_\_\_

Approved CEU's: \_\_\_\_\_

\_\_\_\_\_  
Conference/Seminar/Workshop Title

\_\_\_\_\_  
Presenter's Name

\_\_\_\_\_  
Location (County, Zip Code)

\_\_\_\_\_  
AZ BQA State Coordinator Signature

\_\_\_\_\_  
Date

*Participants fill below:*

BQA Cert. No: \_\_\_\_\_

Name (First, MI, Last): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date