



Rosen Centre Hotel Orlando, Florida

Note: \$25 Processing Fee to Receive a Certificate of Attendance

AFFIDAVIT OF ATTENDANCE

Name:	(last name)	(first name)	(middle initial)	Title: (Mr./Ms./Dr.)
Organization:				
Mailing Address:				
City/State/Zip Code:				
Phone:		Cell:		
E-mail Address:				
Certification (please in	ndicate): [] PE,	[] LEP, [] CHMM, [] Other:	
Certification Number	<u> </u>			
Please check the box	es for the sessions you atten	nded:		
Attendance:	In-Person Virtual			[]
Monday, November	3, 2025			
		e: A Magnificent Evolution of Floration of Remediation, Redeve 0 Minutes = 1.5 hrs)		Program
Tuesday, November	4, 2025			
	. •	ng the Rules: Institutional Cont rge (90 Minutes = 1.5 hrs)	rols, PFAS Accounta	ability & []
	Session I: AI in Remediat (90 Minutes = 1.5 hrs)	tion: From Business Strategy to	o Site Solutions	[]
	_	ement and Emerging Contamir d Global Applications (90 Minu	•	ends, []
	Session III: Innovative Re Challenges (120 Minutes	emediation Strategies for Comp s = 2.0 hrs)	olex Contaminant	[]
Wednseday, Novem	ber 5, 2025			
		n of Waste Management, Upda Waste Cleanup Program (90 N		um []
	Session V: Common Prac FDOT Right-of-Ways (90	tices for Addressing Contamin Minutes = 1.5 hrs)	ation in	[]
I hereby certify, under	penalty of perjury, that the ir	nformation given is, complete a	and accurate.	
Attendee Signature:				

Please complete, scan and email to gene@swixusa.org