



Application for Professional Certificate of Innovative Distribution Awarded by: Purdue University Supply Chain Management Technology Program and the University of Innovative Distribution

| name: | | | company: | | | |
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| Address: | | | Title: | | | |
| | | | Phone Number: | | | |
| | e-mail Address: | | | | | |
| To earn a Professional Certificat education), with a minimum of Individuals attending 3 UIDs w | 3 CEUs (30 conta | act hours) being earned | l attending a Univer | sity of Innovativ | e Distribution. | 3 |
| To apply for certification, please Dr. Kathryne Newton, Co Professor of Supply Chai 155 S. Grant St., W. Lafa Applications will be reviewed Ma | oordinator Univer n Management T ayette, IN 4790 | rsity of Innovative Dist echnology, Departmen 7-2114. Tele: 765-494- | ribution t of Technology Lead 6080, Fax: 765-49 | dership and Inno 6-2519, <u>kanewt</u> | <u>on@purdue.edu</u> | |
| Use this form to document the f | shop, seminar, d n (i.e. American | or conference that awar Management Associatio | ds CEUs | nar or conference | e that awards CEUs | |
| Title of Activity | Completion | | Number of | Evidence of | Approval | 1 |
| , | Date | Trade Association | Contact Hours | Attendance | (Office Use Only) | |
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