



**SOCIETY OF DEFENSE FINANCIAL MANAGEMENT
AVIATION CHAPTER
P.O. BOX 33215
WRIGHT-PATTERSON AFB OH 45433**

MONTHLY LUNCHEON

**CONTINUING PROFESSIONAL EDUCATION (CPE)
CERTIFICATE OF TRAINING**

DATE OF LUNCHEON: 21 January 2026, 11:30am-12:40pm

NAME OF ATTENDEE:	OFFICE SYMBOL:
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NAME OF SPEAKER

Mr. Carl Urbanas, HQ AFMC/FMFW

TOPIC: *Workforce Management Updates*

PLACE: Virtual: AF Teams

1.0 CPE UNITS

I certify that the above information is correct.

Member's Signature _____ DATE _____

I certify the above information is correct.

Supervisor's Signature _____ DATE _____

PRIVACY ACT STATEMENT

AUTHORITY:

10 U.S.C. 8013, Secretary of the Air Force.

PURPOSE AND USE:

To document continuing professional education performed by Financial Managers.

DISCLOSURE:

Furnishing the information is voluntary. Failure to do so; however, may result in lost credit for CPE earned.