

UNITED STATES ICELANDIC



Confirmation of Participation in Educational Seminar for Trainer License Renewal

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

attended the following seminar / clinic :

Subject of seminar: _____

Number of days/hours: _____

Clinician: _____

Place and date of seminar / clinic: _____

Signature Clinician _____