



Please fill out this form to receive 2 NRSB continuing education credits. All questions must be answered.

Name: \_\_\_\_\_

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

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

Which event did you attend? \_\_\_\_\_

Date of event: \_\_\_\_\_

Which presentation did you get the most information/knowledge from?

\_\_\_\_\_  
\_\_\_\_\_

What were the takeaway points from that presentation? *(200 word minimum. Use back of sheet if needed)*

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What would you have liked to learn more about? *(200 word minimum. Use back of sheet if needed)*

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Please email, fax or mail **this summary to NRSB with your attendance certificate.**  
Our contact information is below. Thank you.