

## NAHRA JUDGES' CLINIC

Date: \_\_\_\_\_

Location: \_\_\_\_\_

Presenters: \_\_\_\_\_

NAME	MEMBER #	LAST CLINIC	<u>SIGNATURE</u>
		<b>ATTENDED</b>	
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Authorizing Signature of	Presenter	Authorizing Signature of Presenter		
Presenter Name	Member #	Presenter Name	Member #	