

UNITED STATES ICELANDIC



Confirmation of Participation in
Educational Seminar/
Scribing or Judging at a Sanctioned Show
for Judges License Renewal

Name _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

attended the following seminar/worked as scribe or judge at the following
sanctioned show:

Subject of seminar/Name of sanctioned show: _____

Number of days/hours: _____

Name of Clinician/Judge: _____

Place and date of seminar/show: _____

Signature Clinician/Judge: _____