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**AFFILIATE CREDIT FORM**

**Affiliate Credit Name: New Member Seminar**

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**Date of Affiliate Credit: October 25, 2018**

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**Credit Available: 1.0 credit**

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**Signature of Event Staff:**

\_\_\_\_\_

**Student's Name (print):**

\_\_\_\_\_

**Student's Signature:**

\_\_\_\_\_

**Date Signed:**

\_\_\_\_\_

RETURN TO NDSBA VIA MAIL: PO BOX 7128, BISMARCK, ND 58507-7128  
or email to [rebecca.duben@ndsba.org](mailto:rebecca.duben@ndsba.org)