

# Succession Workshop Confirmation

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Date \_\_\_\_\_

Attendees full name: \_\_\_\_\_  
*(Please Print)*

Name of workshop: \_\_\_\_\_

Instructor: \_\_\_\_\_

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

Hours attended: \_\_\_\_\_

	Yes	No
Did the workshop cover family communication skills?	<input type="checkbox"/>	<input type="checkbox"/>

Did the workshop cover business meeting skills?	<input type="checkbox"/>	<input type="checkbox"/>
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Did the workshop cover business entities?	<input type="checkbox"/>	<input type="checkbox"/>
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By signing the form, I agree that I have attended this succession workshop in accordance with the Beginning Farmer Tax Credit Act Regulations.

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please complete and return to the address below.

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