Continuing Education Program
Sign-In Sheet

This form is to be filled out by each participant to receive the KML credits assigned to this program. Please fill out all the information requested.

Program Information

Date: ____________________  Program Start Time: ______________  Program End Time: ____________

Program Title: __________________________________________________________

Program Location: _______________________________________________________

Personal Information

Name: ____________________________________________________________________

Last     First     M.I.

Street Address and/or P.O. Box: ____________________________________________

City: ___________________________  State: _____________  Zip: ________________

Telephone: _______________________

County of Residence: _____________________________________________________

KML Designation Number (On KML Card): ________________________________

Kentucky Master Logger Partners

University of Kentucky
Department of Forestry
Cooperative Extension Service

Kentucky Division of Forestry

Kentucky Forest Industries Association

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