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Participant Name: _____

AIA Member #: _____

Provider Name: The Center for Health Design Provider Number: Z009

I purchased a CEU Management fee Order #_____

Attended	AIA	Webinar Title	LU Hours	HSW
Yes 🗆 No 🗆	WEB23C15	Providing for the Providers – Embracing Design for Staff	1.0	Yes

SIGNATURE:	DATE:
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