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Participant Name: _____ EDAC ID #: _____

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City: _____ State: _____ ZIP Code: _____

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Provider: **ICONS and Innovators Webinar Series**

Program Dates: June 2017

| Course Number | Date/Time | Course Title | CEU Hours |
|---------------|------------------------|--|-----------|
| F17-22-ICONS | 6/22/2017 11 am PDT | Beyond Aging in Place: Opportunities and Innovative Solutions through Universal Design | 1 |

TOTAL: _____

Please list 4 things that you learned from this webinar:

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

I hereby certify that the above information is true and accurate to the best of my knowledge and that I have complied with the EDAC Continuing Education Guidelines.

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