

**Total Body Modification, Inc.**

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V E R I F I C A T I O N O F A T T E N D A N C E

ATTENDEE \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

The Attendee listed above has completed 18 hours of educational training in manual therapeutics, energy balancing, and functional nutrition.

SEMINAR LOCATION \_\_\_\_\_

SEMINAR DATES \_\_\_\_\_

INSTRUCTOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_