



# Continuing Education Program Sign-In Sheet

<b>KML Office Use</b>	<b>KML-3</b>
Date Received	_____
Received From	_____
Approved	YES NO

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