

<b>SPONSOR NAME</b>		<b>CONTACT NAME &amp; PHONE NUMBER</b>	
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**INSTRUCTIONS:**

1. Complete this form for all seminars approved according to Minnesota Rules 2500.1250 to 2500.1700.  
**Each date and location must be on a separate line. DO NOT put any information in the MBCE Course ID # column.**
2. This form must be submitted no later than 45 days prior to the presentation date of the first program.
3. Make additional copies as needed.

MBCE Course ID #	TITLE	START DATE	END DATE	CITY/STATE or ONLINE	Regular	X-Ray	Professional Boundary	Acupuncture	Animal Chiropractic	Total