

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION
625 Marshall Street, Suite 1200
Little Rock, AR 72201
Telephone: 501-682-9400
Facsimile: 501-682-9410

SPONSOR'S CERTIFIED LIST OF REGISTRANTS

1. Name of Sponsor: _____

2. Address: _____

3. Name of Contact Person: _____

Telephone Number: _____ Fax Number: _____

4. Program Name: _____

5. Arkansas ADR Commission Program ID Number: _____

CERTIFICATION

Attached are the Certificates of Attendance, in alphabetical order, acquired by the sponsor for the captioned program. The sponsor certifies that each attendee was a registrant, or presenter, at the captioned program. The sponsor makes no representations with regard to the validity of hours of credit claimed by each mediator.

Sponsor Representative

Date