

## NORTH CAROLINA DISPUTE RESOLUTION COMMISSION

P.O. Box 2448, Raleigh, NC 27602 (919) 890-1415

## SPONSOR'S REPORT OF ATTENDANCE AT A CME PROGRAM\* (Please report in alphabetical order)

Sponsor Name:				
Sponsor Name: Title of CME Program:		Approved CME hours:		
Date of CME Program:	Location o	Location of CME Program:		
Name		NC State Bar#	CME Hours	

<sup>\*</sup>Please include names of presenter(s) and the number of hours of approved CME that each presented. Email form to DRCMediators@nccourts.org.