

Succession Workshop Confirmation

Attendees full name: _____
(Please Print)

Name of workshop: _____

Instructor: _____

Date: _____

Hours attended: _____

	Yes	No
Did the workshop cover family communication skills?	<input type="checkbox"/>	<input type="checkbox"/>
Did the workshop cover business meeting skills?	<input type="checkbox"/>	<input type="checkbox"/>
Did the workshop cover business entities?	<input type="checkbox"/>	<input type="checkbox"/>

By signing the form, I agree that I have attended this succession workshop in accordance with the Beginning Farmer Tax Credit Act Regulations.

Signature: _____ Relationship: _____

Signature: _____ Relationship: _____

Signature: _____ Relationship: _____

Signature of instructor: _____ Date _____

Please complete and return to the address below.

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