

Stella Benson's  
International Healing Musician's Program

**Attendance Certificate (One per workshop, please)**

**Instructions:** (PLEASE PRINT) Fill-in the following information. If you run out of room, please use a separate sheet of paper.

Instructor Name: \_\_\_\_\_ Accreditation: \_\_\_\_\_

Location of event: Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_

Instructor Telephone: \_\_\_\_\_ Instructor Email: \_\_\_\_\_

(We respect the privacy of instructors. The contact information listed here is only used for event confirmation, if questions should arise. Thank you.)

Title of Event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Name of Sponsoring Organization: \_\_\_\_\_

Length of contact hours: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IHMP CMP Only:** Please write a comprehensive summary and objectives from this event which directly enhances the work of a Certified Healing Musician:

CHM Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE KEEP THE ORIGINAL COPY FOR YOUR RECORDS. Please scan and email a copy to: [sbagencv@sprvnet.com](mailto:sbagencv@sprvnet.com).

Mail via postal service to:  
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