NEBRASKA LICENSEE ASSISTANCE PROGRAM
MEETING VERIFICATION FORM
(402) 354-8055 • (800) 851-2336

DATE	TYPE OF MEETING/ NAME OF GROUP	SIGNATURE First Name & First Initial of Last Name	PHONE NUMBER

SEND/FAX monthly to NE LAP Coordinator at:

Center Pointe Professional Plaza
9239 West Center Road, Suite 201
Omaha, NE 68124-1900
FAX (402) 354-8046