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Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Item Topic: (a few words to identify which item in case you have submitted more than one):

I certify that the following delegates have signed on to my item, and I can provide the back-up proof if requested (please type the names and state abbreviations into the table below):

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