

PINK Slip

Name: _____ Date: _____

Consultant: _____

P: _____

I: _____

N: _____

K: _____

1) _____

2) _____

3) _____

THANK YOU!!!!!!

PINK Slip

Name: _____ Date: _____

Consultant: _____

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I: _____

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THANK YOU!!!!!!

PINK Slip

Name: _____ Date: _____

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THANK YOU!!!!!!