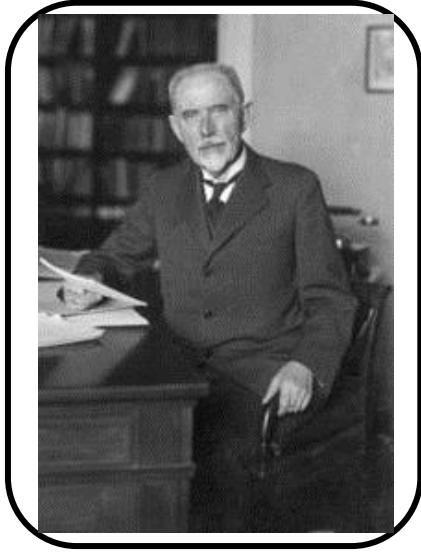


DR. S.P.L SØRENSEN

Name: _____ Class: _____ Due Date: _____

Family Member Signature: _____



Lifespan:

Nationality:

Contribution to Society: