**EVENT NAME**

**DATE and LOCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First and Last Name – Print Clearly** | **Email Address – Print Clearly**  ***(only used to deliver CPE Certificate of Completion)*** | **Signature** | **Sign-In**  **Time** | **Sign-Out**  **Time** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*\*\*SOMEONE OTHER THAN THE NAMES REQUESTING CPE ABOVE MUST SIGN THIS FORM.\*\*\*

**Attendance Monitor Signature**