

Teleseminar Attendance Form

To receive Professional Development Units for attending ACA Teleseminars, please complete this form. If more space is needed, please attach an additional sheet.

Company Name:		Company ID:	
Name of Teleseminar:		Date of Teleseminar:	
Individual ACA ID # (If known)	Print Name	Signature*	
			
			
*By signing above, I agree that I have attended	ed, in its entirety, the Campus <i>i</i>	ACA Teleseminar listed above.	
I,, verify that the	he individuals listed on this	form have completed the teleseminar in	ndicated above.
Supervisor Signature:			

Within 15 days of the training, please send the completed form via fax to (952)922-6402 or email to campusaca@acainternational.org.