



## CERTIFICATE OF ATTENDANCE VERIFICATION FORM

**This form should be completed for individuals participating in group sessions where there is only one Logon used to access the webinar and/or by individuals who participated by telephone only (did not logon to the webinar platform)**

Name of Participant \_\_\_\_\_

Requesting Recognition: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Webinar Title: \_\_\_\_\_

Date of Webinar: \_\_\_\_\_

Logon Name/Account \_\_\_\_\_

Used: \_\_\_\_\_

Telephone # Used to \_\_\_\_\_

Connect to the Session: \_\_\_\_\_

(If applicable)

The above individual participated/attended for the full length of the session in accordance with the requirements\* for Continuing Education Recognition:

Signature of Individual \_\_\_\_\_

Verifying Attendance: \_\_\_\_\_ Date: \_\_\_\_\_

Deadline for submission of this request is 5 business days after the conclusion of the requested session. Fax this form to the attention of Annie Tan at 312-413-1856 or mail to:

ADA Conferences  
%DBTAC-Great Lakes ADA Center  
1640 W Roosevelt Road, Room 405  
Chicago, IL 60608

A certificate and/or acknowledgement of recognition will be sent to you via email once attendance is verified.