

CERTIFICATE OF ATTENDANCE VERIFICATION FORM

This form **MUST** be completed for each individual participating in group sessions where there is only one Log-In name used to access the webinar. It can also be used by individuals who participate by telephone only.



Name of Participant Requesting Recognition: _____

Email Address: _____

Participant Telephone #: _____

Webinar Title: _____

Date of Webinar: _____

Name on Account Used to Connect: _____

Telephone # Used to Connect to the Session (If phone was used): _____

Recognition Requested (Will not be processed without respective ID number):

Please mark the type of continuing education recognition you are requesting if applicable to the session you participated in. Do not select a Certificate of Attendance (COA) if you have already selected another type of certificate. A certificate and/or acknowledgement of recognition will be sent to you via email once attendance is verified.

AIA Certificate	MEMBERSHIP # _____
AICP Certificate	MEMBERSHIP # _____
CA License Certificate	MEMBERSHIP # _____
LA CES Certificate	MEMBERSHIP # _____

Or Great Lakes ADA Center Certificate of Attendance (COA) _____

Print the Name of the Account Holder/Site Coordinator: _____

Signature of Account Holder Verifying Attendance: _____

Date of request: _____

Deadline for submission of this request is 5 business days after the conclusion of the requested session. Fax this form to the attention of CE Coordinator at 312-413-1856 or scan and email to certificates@adaconferences.org or mail to:

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