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Conference Verification Form

This form can be used by CLSOs and CMLSOs to verify attendance at a conference. To receive CM points for attendance, please complete conference title, dates, times, and ask a conference staff member to verify attendance (sign off). **Only record laser-related sessions.**

Attendee Name: _____
(Please print)
Conference Title: _____
Conference Dates: _____

Date: _____ Duration: ____hours ____minutes
Session Title: _____
Session Presenter Name: _____
Session Summary: _____

Conference Staff Signature: _____

Date: _____ Duration: ____hours ____minutes
Session Title: _____
Session Presenter Name: _____
Session Summary: _____

Conference Staff Signature: _____

Date: _____ Duration: ____ hours ____ minutes

Session Title: _____

Session Presenter Name: _____

Session Summary: _____

Conference Staff Signature: _____

Date: _____ Duration: ____ hours ____ minutes

Session Title: _____

Session Presenter Name: _____

Session Summary: _____

Conference Staff Signature: _____

Date: _____ Duration: ____ hours ____ minutes

Session Title: _____

Session Presenter Name: _____

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Conference Staff Signature: _____

Date: _____ Duration: ____ hours ____ minutes

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Conference Staff Signature: _____

Date: _____ Duration: ____ hours ____ minutes

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Date: _____ Duration: ____ hours ____ minutes

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