

2024 NASPA ANNUAL CONFERENCE Seattle, WA | March 9-13, 2024

CERTIFICATE OF ATTENDANCE REQUEST FORM

This form allows participants to request a <u>general certificate of attendance</u> from NASPA.

This certificate is not affiliated with any credentialing organization.

Name: _								
Email Address:								
Phone Number:								
Mailing Address:								
J								
City/State/Zip Code:								
List each session in which you participated in order of attendance:								
Date	Time	Program Title	Speaker	Clock Hours				
Use Back Side for Additional Sessions Total Ho								
I certify th	at the inform	ation presented on this form is co	mplete and accurate.					
Signature				Date				

Date	Time	Program Title	Speaker	Clock Hours