

GROUP ATTENDANCE FORM

Please return this form to the MNCPA immediately following the event.

Return to: Heidi Janssen, CPE Program Manager
Email: hjanssen@mncpa.org
Questions: 952-885-5511

EVENT DETAILS

Title _____
Date _____ Time _____ CPE credit _____
Instructor _____

FIRM/COMPANY DETAILS

Firm name _____
City, state, zip _____
Administrator for this program _____
Email _____ Phone _____
Total number of attendees _____

ATTENDEE LIST

Name	Signature	Time in	Signature	Time out
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____

As the administrator of this group Internet-based CPE event, I attest to this attendance record.

Signature of webinar (group Internet-based CPE) administrator

Date