

## PROFESSIONAL WORKSHOP ATTENDANCE VERIFICATION

Your name: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Today's date: \_\_\_\_\_

Practicum/Fieldwork course number: EPC 659

Professor's name: \_\_\_\_\_

Title/Name of workshop/conference, or colloquium:

\_\_\_\_\_  
\_\_\_\_\_

Location of workshop/conference, or colloquium: \_\_\_\_\_

Presenter(s):

\_\_\_\_\_

Workshop number (circle):    1    2    3    4

Signature of student: \_\_\_\_\_

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### For department use only:

Verified by: \_\_\_\_\_  
(program, agenda, notes taken, signature of presenter, or ??)

Signature of professor: \_\_\_\_\_