

Program Attendance Certification



CHAMPIONS TRIAL SKILLS WORKSHOP

6 CLE

Date: 12/4/19Location: Indianapolis ICLEF

ICLEF will certify to the Indiana Commission for Continuing Legal Education that you have attended this program in its entirety, unless you instruct otherwise.

Should you desire to have a lesser number of hours certified, please complete the remainder of this form and provide it to the ICLEF registrar or mail or FAX it to ICLEF within five (5) working days of the seminar date. Indicate below the number of hours you wish us to certify to the Commission.

NAME (Please Print): James DunnATTORNEY #: MA 676362 - _____E-MAIL ADDRESS: jdunn@iclego.com

Circumstances precluded my attendance at the entire program. Therefore, please certify only _____ hours attended to the Indiana Commission for Continuing Legal Education.

Return to the Registration Table, Mail or FAX to:

Indiana Continuing Legal Education Forum
230 E Ohio Street, Suite 300 • Indianapolis, IN 46204

Fax: 317.633.8780