



**AMERICAN LIBRARY
ASSOCIATION (ALA)
CONFERENCE ATTENDANCE
VERIFICATION**

CERTIFICATION PROGRAM COORDINATOR
Professional Development Office
Indiana State Library
140 North Senate Avenue
Indianapolis, IN 46204-2296
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PLEASE TYPE OR PRINT

Name of Conference		
Conference Dates		Dates attended
Location (City, State or Country)		Web address
List sessions attended and speakers' names (attach additional sheets if necessary)		
1.		16.
2.		17.
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5.		20.
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15.		30.
Printed name of individual requesting LEUs		Signature of individual requesting LEUs
Title		Date (month, day, year)
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NOTICE: The information you provide is a public record.

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