



**2020 NASPA GENERAL ASSEMBLY**  
Virtual | November 4-7, 2020

**GENERAL CERTIFICATE OF ATTENDANCE REQUEST FORM**

**Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_

List each session in which you participated in order of attendance:

Date	Time	Program Title	Speaker	Clock Hours

Use Next Page for Additional Sessions

Total Hours: \_\_\_\_\_

*I certify that the information presented on this form is complete and accurate.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

