LIVE STREAMING GROUP-INTERNET ATTENDANCE VERIFICATION FORM

Please fill in all requested information. Tab to next fill to compete form

Course	
Date	
Time	
Company Name	
Company Phone Number	
Company Proctor	
Company Proctor CPA License #	

PARTICIPANT INFORMATION

Last Name	First Name	Email Address

I certify that the above attendees participated in this group Internet-based program in its entirety.

Signature of Proctor: **Date:**

Printed Name of Proctor

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