



## Attendance Verification Form

### 2017 Prevent, Treat, Educate Conference Working Together to Reduce HIV, STDs, Viral Hepatitis and TB in Alaska

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

*Directions: Fill in the table below with dates, session names and attendance hours.  
A minimum of 15 hours must be completed.*

Date	Session Title	Time in Session # of minutes or hours
<b>Example:</b> May 8, 2017	Keynote with Mickey Mouse	1 hour

Email this verification form and the 1-page written reflection of the conference to [Sutton\\_melanie@asdk12.org](mailto:Sutton_melanie@asdk12.org) by May 31, 2017.

Thank you,  
*Melanie Sutton*