

ATTENDANCE FORM FOR CLE CREDIT

Continuing Legal Education Program hosted by Indianapolis Legal Aid Society

Indianapolis Marriott North

June 12, 2025

8:30 am – 4:30 pm

NAME: _____

EMAIL: _____

PHONE: _____

ATTORNEY NUMBER: _____

I affirm attendance for this seminar of six (6) hours CLE which includes one (1) hour of ethics credit. Hour arrived: _____ Hour departed: _____

Attorney Signature

Please hand-deliver this form to Indianapolis Legal Aid Society at the end of the day, or:

Mail to:
Indianapolis Legal Aid Society
615 N Alabama Street, Suite 122
Indianapolis, IN 46204

Fax to:
317-527-4277
ATT: CLE CREDIT

Email to:
Lisah@indylas.org