

## ATTENDANCE FORM FOR CLE CREDIT

Continuing Legal Education Program hosted by Indianapolis Legal Aid Society

Indianapolis Marriott North

June 25, 2026

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