

CERTIFICATE OF ATTENDANCE

2017 PARENT REPRESENTATION TRAINING

Presented by
MISSISSIPPI OFFICE OF STATE PUBLIC DEFENDER
PUBLIC DEFENDER TRAINING DIVISION

June 15, 2017
*Whispering Woods Hotel and Conference Center
Olive Branch, MS*

NAME: _____ BAR NUMBER: _____

THIS CONFERENCE OFFERS A TOTAL OF 6.5 HOURS OF CLE CREDIT INCLUDING 1 HOUR OF ETHICS/PROFESSIONALISM.

I ATTENDED THE **ETHICS** HOUR: YES NO

TOTAL NUMBER OF CLE HOURS ATTENDED: _____

SIGNATURE _____

DATE _____

IT IS YOUR RESPONSIBILITY TO REPORT THE HOURS INDICATED ABOVE TO OTHER STATES FOR CLE CREDIT.

**PLEASE SUBMIT THIS FORM WITH PAYMENT WITHIN 30 DAYS OF THIS CONFERENCE
TO:**

**MISSISSIPPI COMMISSION ON CONTINUING LEGAL EDUCATION
Tracy Graves, Administrator
Post Office Box 369
Jackson, Mississippi 39205-0369**

Please make your check payable to: **Mississippi Commission on CLE** and include \$1.50 for **each** hour attended. (\$9.75, if you attend the entire conference.)