# NEACSM 2016 Fall Conference

# Attendance Verification

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge my attendance at the 2016 New England Regional Chapter of the American College of Sports Medicine Fall Conference entitled **"Advancing the Profession – One Step at a Time"** held on October 13-14, 2016 at the Rhode Island Convention Center, Providence, RI.

Earned continuing education hours: **5.0**

NEACSM Tax ID: 35-1771461

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Participant’s signature Date