



# LPI

*Educating California's  
Legal Support Professionals*

LEGAL PROFESSIONALS, INCORPORATED

## CERTIFICATE OF ATTENDANCE

---

has attended the following program:

Date of Program: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Location of Program: \_\_\_\_\_

Actual Length of Program (excluding breaks): \_\_\_\_\_ hours

Date: \_\_\_\_\_

\_\_\_\_\_  
Provider Signature

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