



AFFIDAVIT OF ATTENDANCE
CMM Continuing Education Credit
Convention / Seminar / Workshop / Event

Name _____
(Please type or print)

Mailing Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____ Email _____

Company / Family Trust _____
(If your membership is under a company name or family trust)

NARO MEMBERSHIP# _____ *(If you know it)*

- For each convention / seminar / workshop/ event attended, please fill out separate forms. Additional forms are available from the NARO website: www.naro-us.org
- Attach a Program Schedule from the event which includes the date, seminar content and speakers.
- Please complete the following: Date of seminar/workshop/event _____
 Sponsor _____
 Credit Hours Earned _____ *(from the following chart)*

8 hours for NARO National Convention 7 hours for CMM Review Course 7 hours for NARO State Chapter Convention 6 hours maximum for related professional events 3 hours for one full-day approved event 1 hour for one half-day approved event 1 hour for NARO Webinar	OFFICE USE ONLY Credit Hours Earned:
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Please sign, date and return this form, with attachment, to:
NARO Foundation
15 W 6th Street, Suite 2626 Tulsa, OK 74119
Fax: 918-794-1662 Email: rharris@naro-us.org

Signature _____

Date _____