

**BOARD OF LASER SAFETY**  
13501 Ingenuity Drive, Suite 128  
Orlando, FL 32826  
407-380-1553 · 407-380-5588 (Fax) · [www.lasersafety.org](http://www.lasersafety.org)

**Conference Verification Form**

This form can be used by CLSOs and CMLSOs to verify attendance at a conference.  
To receive CM points for attendance, please complete conference title, dates, times, and ask a  
conference staff member to verify attendance (sign off).

Attendee Name: \_\_\_\_\_  
(Please print)

Conference Title: \_\_\_\_\_

Conference Dates: \_\_\_\_\_

**Saturday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Sunday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Monday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Tuesday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Wednesday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Thursday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**Friday**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_