# CERTIFICATE OF ATTENDANCE

## 2016 FALL PUBLIC DEFENDER TRAINING

Presented by

MISSISSIPPI OFFICE OF STATE PUBLIC DEFENDER

PUBLIC DEFENDER TRAINING DIVISION

The Mill Conference Center
100 Mercantile St., Starkville, MS 39759

NAME:_____ BAR NUMBER: _____

**THIS CONFERENCE OFFERS A TOTAL OF 17.3 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. ($25.95 if you attend the entire conference.)