

**MICHIGAN STATE**  
**UNIVERSITY**  
School of Social Work

**Conference/Event Attendance Verification Form**

Name (Print): \_\_\_\_\_

I attended this conference/event on this date for  Child Welfare  Aging  Diversity

Name of Conference: \_\_\_\_\_

Date of Conference: \_\_\_\_\_

Signed: \_\_\_\_\_ (Student)

\_\_\_\_\_ (Conference Coordinator/Designee)

Please return this form to:  
Sue Bowden  
School of Social Work  
Room 153 Baker Hall

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