Form 3

Illinois Minimum Continuing Legal Education

Attendance Record

Course or activity title:_____

_____

Date:_____

Location:_____

_____

Time:_____.m. to _____.m.

Type of course or activity (*i.e.*, general MCLE, Basic Skills, professionalism) and the number of credits for each type:_____

_____

Course or activity sponsor, address, contact person and telephone number:_____

_____

_____

Printed Name	**Signature**	**Attorney Registration Number**