

## VERIFICATION OF ATTENDANCE AT WEBINAR

Name of Registered Course: **FIRPTA-DO I OR DON'T I WITHHOLD-A WFG WEBINAR** TDI Course #(s): **117593**

Name of Registered Provider: **WFG National Title Insurance Company** Provider Number: **153560**

Course Original Presentation Date: **June 9, 2020** Presentation Location: **Webinar**

**ATTENDEES: By signing below, you represent that you attended the complete program.**

	PRINT Attendee Last Name	PRINT Attendee First Name	SIGN Attendee Full Name	License Number * (Must be Provided for Credit)
1.				
2.				
3.				
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10.				

*This Verification must be signed by a Site Monitor, who may also sign as an Attendee.*

Site Monitor Name: \_\_\_\_\_

Company Name: \_\_\_\_\_ Email address: \_\_\_\_\_

I confirm the above attendees have earned 1 hour of continuing education credit by attending the entire Web conference, FIRPTA-DO I OR DON'T I WITHHOLD-A WFG WEBINAR.

Site Monitor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please scan and email this completed form along with the evaluation(s) to: [sweducation@wfgnationaltitle.com](mailto:sweducation@wfgnationaltitle.com)