

# OFFICIAL RECORD OF ATTENDANCE

**Provider:** Smartsettle Division of ICAN Systems Inc.  
Phone: 604-852-6941, Fax: 604-852-0909  
Canada: PO Box 8000 # 611, Abbotsford, BC V2S 6H1  
USA: PO Box 8000 # 611, Sumas WA 98295 – 8000

Please print, complete with clear printing, sign this form and fax to Smartsettle in order to verify that you attended the activity indicated and completed all assignments required for the eligible credit hours.

**Title of Activity:** [Smartsettle Facilitator Training Level \(s\)](#) (I - V)

**Participation beginning date:** \_\_\_\_\_

**Participation completion date:** \_\_\_\_\_

**Eligible Credit Hours:** \_\_\_\_\_

**Organization recognizing credit hours:** \_\_\_\_\_

**Membership or Bar No.** \_\_\_\_\_

**Name of Attendee:** \_\_\_\_\_

**Attendee Signature:** \_\_\_\_\_

**Note:** Provider keeps this record of attendance for at least 4 years after the date of completion of this activity.