

## Request for Certificate of Attendance

Please complete this form in its entirety. The American College of Healthcare Executives will provide you with a certificate as proof of attendance. Please allow two weeks for processing and delivery.

**Please complete the information below:**

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Please type or write your name as you want it printed on the certificate

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Title of the course taken

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Date of the course

Course location

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Type of course

*(seminar, on-location program, audio/Web conference, online program)*

**Please complete the address where you want your certificate sent:**

<b>Name</b>	
<b>Title</b> (if applicable)	
<b>Organization</b> (if applicable)	
<b>Address</b>	
<b>City, State, and Zip Code</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

**Please mail or fax this form to:**

American College of Healthcare Executives  
Division of Education  
One North Franklin Street, Suite 1700  
Chicago, IL 60606-4425  
Phone: (312) 424-9300  
Fax: (312) 424-0023



American College of  
Healthcare Executives  
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