



**Surgical Collaborative of Wisconsin Quality Initiative  
July 30, 2018**

**Attendance Verification for *AMA PRA Category 1 Credits*™**

The American Medical Association Physician’s Recognition Award (AMA PRA) requires verification for each session you attend.

To receive your proper number of credit hours:

- ❖ Print your name along with your professional degree.
- ❖ Sign your name.
- ❖ Return this form to the registration table when you leave the conference or return to the address or fax below.

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**PRINT YOUR NAME:** \_\_\_\_\_  
**Indicate your professional degree (MD, DO)**

**SIGN YOUR NAME:**

**July 30, morning (2 hours)** \_\_\_\_\_

**July 30, afternoon (2 hours)** \_\_\_\_\_

**Please Return This Form to the Conference Registration Desk OR to:**

**Mail:** Terese Bailey  
Office of Continuing Professional Development  
750 Highland Avenue #4270E  
Madison, WI 53705

**Fax:** 608-262-3750