



AFFIDAVIT OF ATTENDANCE

Name: _____
 (last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

License Number: _____

Electronic Mail (e-mail) Address: _____

Please check appropriate boxes below.

Attendance: Virtual
 In-Person

	Check Minutes Attended			
	30	60	90	120
Friday, May 31, 2024				
Pre-Conference Workshop: An Introduction to the Endocannabinoid System and Medical Cannabis Microbiology (Up to 120 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday, June 1, 2024	30	60	90	120
Opening Session (Up to 90 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	45		90	
Session I: A Review of Qualifying Conditions Case Studies and Emerging Concerns (Up to 90 minutes)	<input type="checkbox"/>		<input type="checkbox"/>	
	30	60	90	120
Session II: Medical Cannabis Dosing and Public Health Issues (Up to 120 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Session III: Medical Cannabis Research (Up to 120 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday June 2, 2024	30	60	90	
Session IV: State of Florida Medical Cannabis Regulatory and Program Update (Up to 90 minutes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Session V: The Business of Medical Cannabis: How to Make Sure Your Practice is Successful (Up to 60 minutes)	<input type="checkbox"/>	<input type="checkbox"/>		

I hereby certify, under penalty of perjury, that the information given is, to the best of my knowledge, complete and accurate.

Signature: _____

Note: Up to 11.5 hours of AMA PRA Category 1 Credit(s)[™] are available. All attendees needing a Certificate of Attendance will be required to complete this Affidavit of Attendance, complete the presentation evaluation and pay a \$100 processing fee.

**Please complete and give to FMCCE Conference staff
 or scan and email to gene@can-ed.org**