



# Certificate of Attendance



*This certifies that*

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(Name of attendee)

**Attended**

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(Name of webinar)

**On**

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(Date)

**Total Number of Contact Hours: 1**

*Sponsored by the Michigan WIC Program*

*Bernadette Landers*

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Bernadette Landers, MPA, RD, IBCLC Senior Associate, Altarum