Continuing Professional Education Certificate of **Attendance**
—**Attendee Copy**—

Participant Name: _____

Registration Number: _____

Activity Title: Marketing Strategies for Growing Your Private Practice

_____

CPEU Sponsor: Orgain, LLC

_____

Activity Number: 185186

Date Completed: _____ Number of CPEUs Awarded: 1.0

*Suggested Performance Indicator(s): 10.6.1, 12.4.1

Kathy R. Hunt, MS, RD

Provider Signature

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**Refer to your Professional Development Portfolio Guide For LNCs or PIs*