

# Certificate of Completion

is hereby awarded to:

For successfully completing the requirements of our  
workshop entitled:

Workshop Date(s):

Contract Hours/PDU's:

## For Contact Hours/PDU Reporting

PDU Category:

Provider Name:

Course:

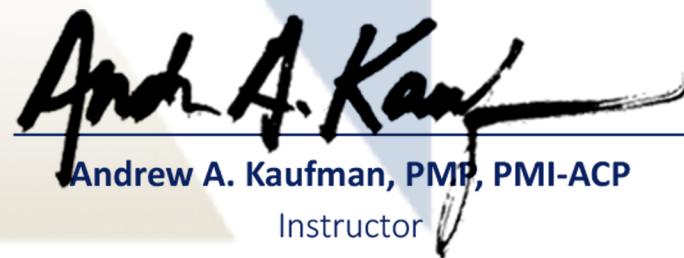
URL:

Contact Phone:

Contact E-mail:

Contact Hours/PDUs Earned:

PDU Categories:



**Andrew A. Kaufman, PMP, PMI-ACP**  
Instructor

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