CERTIFICATE OF COMPLETION

This letter certifies that the person below participated in the following course given by Align Technology, Inc. Professional Education Department.

ATTENDEE INFORMATION	**NAME:**	Lena Sapozhnikoff
	SIGNATURE:	
	LICENSE NUMBER:	054200
	ADDRESS:	
	CITY/STATE/ZIP:	
COURSE INFORMATION	**DATE:**	September 11, 2015
	LOCATION:	New York, NY
	INSTRUCTOR:	Various Speakers
	REGISTRATION CODE:	478715

PROGRAM PROVIDER: **Align Technology, Inc.**
COURSE TITLE: **NEW YORK CITY GP EXPO**
EDUCATIONAL METHOD: **Lecture**
CE HOURS**: 5**

Dr. René Sterental
Professional Education
Align Technology
2560 Orchard Pkwy
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Aligntech INSTITUTE

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