

# Sign-In Sheet

Instructor Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Class Date: \_\_\_\_\_

Class Location: \_\_\_\_\_

Class Sponsor: \_\_\_\_\_

Class Title: \_\_\_\_\_

Please Print Clearly

| Name<br>(Include Middle Initial) | Signature | Employer<br>(City, State) | Device ID<br>(If Used) |
|----------------------------------|-----------|---------------------------|------------------------|
| 1.                               |           |                           |                        |
| 2.                               |           |                           |                        |
| 3.                               |           |                           |                        |
| 4.                               |           |                           |                        |
| 5.                               |           |                           |                        |
| 6.                               |           |                           |                        |
| 7.                               |           |                           |                        |
| 8.                               |           |                           |                        |
| 9.                               |           |                           |                        |
| 10.                              |           |                           |                        |
| 11.                              |           |                           |                        |
| 12.                              |           |                           |                        |
| 13.                              |           |                           |                        |
| 14.                              |           |                           |                        |
| 15.                              |           |                           |                        |