

TRAINING

ATTENDANCE REPORT

<u>Instructions:</u> Please print all information requested. Be sure to fill in the titles of the training sessions and check attendance. Send original report to the council service center promptly (make a copy for your records).

					Session Title and Date						
Name of Training Course:											
Location of Training: District:											
Course Dates(s):											
Instructor(s) Name & Phone:											
Name (Print clearly to insure proper credit for attendance at this training.)	Position	Unit Number	Address (1st line) E-mail Address (2nd line)	Phone(s)							
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					Ses	sion	Title a	and E)ate
Name of Training Course:									
Location of Training:			District:	District:					
Course Dates(s):									
Instructor(s) Name & Phone:									
Name (Print clearly to insure proper credit for attendance at this training.)	Position	Unit Number	Address (1st line) E-mail Address (2nd line)	ne(s)					
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