

Susan Harwood Grant Training Sign-In Attendance Roster

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Name of Grantee: _____ **Location: (City & State):** _____

Date of Training: _____ **Course Title:** _____

Trainer Name: _____

Trainer Name: _____ **Start Time:** _____ **End Time:** _____

Note: Home/ or Email addresses are not shared or sold; they are used for follow-up evaluation purposes only.

Trainee Name (print)	Trainee Signature	Employer Name (Attendee's)	Employer /Manager	Worker	Trainee Home/E-Mail Address

I certify that the information on this page is accurate (Instructor Signature): _____

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