**Sign-In Sheet Template**

**Title of Event/Program:**

**Date, Time & Location:**

**Facilitator:**

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| **Name (please print)** | **Signature** | **Specialty** |
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A copy of this completed sign-in sheet must be forwarded to the CAG National Office no later than 30 days following this educational event. CAG National Office Fax: 905-829-0242 ▪ Email joanne@cag-acg.org ▪ Please print additional copies of this page as needed