



Hawaii & Pacific Parent Training & Information Center

*American Samoa, Commonwealth of Northern Mariana Islands
Federated States of Micronesia, Guam, Hawaii, Republic of the Marshall Islands, Republic of Palau*

TRAINING SIGN-IN SHEET

Date:	Your Agency:
Presenter:	In Collaboration with:
Topic:	Location (town and venue, e.g., school or community center):
Project: <input type="checkbox"/> PTI <input type="checkbox"/> Other	

ATTENDANCE Total: _____

- ____ Parents
- ____ Family Members
- ____ Professionals
- ____ Students
- ____ CCC Members

New PARTICIPANT Total: _____

New PARENT Participant Total: _____

Number of EVALUATIONS Returned: _____

Participants:

Name (Last, First)	Signature	Date
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Participants (Page 2):

Name	Signature	Date
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