

# PAT INITIAL PROGRAM SIGN-IN SHEET

**<<ALL ATTENDEES MUST SIGN>>**

Program Title: \_\_\_\_\_ Program Sponsor: \_\_\_\_\_ Program #: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

	<b>Printed Name</b>	<b>County</b>	<b>Phone</b>	<b>E-mail</b>	<b>E-mail Newsletter Signup (Y/N)</b>	<b>New Applicator (Y/N)</b>	<b>Signature</b>
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