

## CTTL Workshop/Activity Attendance Form

Workshop/Session Title: \_\_\_\_\_

Facilitator/s: \_\_\_\_\_

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

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Attendees, please sign in below. Thank you.

<u>Participant Name</u>	<u>Div./Dept.</u>	<u>Classified/Faculty/Admin</u>	<u>FT/PT</u>	<u>Email</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____