

AAPT/PTRA WORKSHOP PARTICIPANT SIGN-IN SHEET (ONE DAY)

Title of Workshop: _____ Date(s): _____

Location of Workshop: _____ Total Length of Workshop (in hours): _____

Name(s) of AAPT/PTRA Workshop Leader(s): _____

Your (i.e., Participant's) Name Please Print	Your (i.e., Participant's) Signature	Initial in AM	Initial in PM
1	1		
2	2		
3	3		
4	4		
5	5		
6	6		
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16	16		
17	17		
18	18		
19	19		
20	20		
21	21		

Name of RC: _____ Signature of RC: _____ Date: _____

My signature as Regional Coordinator (or Lead PTRAs) authorizes the participant's participation according to the hours recorded on this sheet.