

Host Agency: \_\_\_\_\_

Name of Training: \_\_\_\_\_

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

Training Address: \_\_\_\_\_

Trainer's Signature \_\_\_\_\_

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

***PLEASE PRINT YOUR NAME AND COMPLETE THE REQUIRED INFORMATION IN ORDER TO RECEIVE CREDIT FOR THIS CLASS. THANK YOU.***

NAME (PLEASE PRINT)	AGENCY NAME/DIVISION	ALAMEDA CO. EMPLOYEES ONLY: ID#	PHONE #	SIGNATURE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Host Agency: \_\_\_\_\_

Name of Training: \_\_\_\_\_

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

Trainer's Signature \_\_\_\_\_

Training Address: \_\_\_\_\_

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

***PLEASE PRINT YOUR NAME AND COMPLETE THE REQUIRED INFORMATION IN ORDER TO RECEIVE CREDIT FOR THIS CLASS. THANK YOU.***

NAME (PLEASE PRINT)	AGENCY NAME/DIVISION	ALAMEDA CO. EMPLOYEES ONLY: ID#	PHONE #	SIGNATURE
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				
26.				
27.				
28.				
29.				
30.				