

## Training Sign-in Sheet

|                                |  |  |  |   |                                |
|--------------------------------|--|--|--|---|--------------------------------|
| <b>Title of Training:</b>      |  |  |  |   |                                |
| <b>Presenter(s):</b>           |  |  |  |  |                                |
| <b>Date:</b>                   |  |  |  |   | Eval training info (second tab |
| <b>Time:</b>                   |  |  |  | Training provided in partnership with   | should fill-in automatically   |
| <b>Agency/Location:</b>        |  |  |  | <i>Chabot-Las Positas Community College District</i>                                |                                |
| <b>Instructor's Signature:</b> |  |  |  | <i>Funding provided by Title IV-E Federal Funds.</i>                                |                                |

|    | First Name and Last Name<br>(please print clearly) | Signature | Name of<br>Department or Agency |  |  |
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