

**Sign-In Sheet**

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| **Date:** | **Location:** | | **Trainer:** | | |
| **Type of Training:**  **(Check one)** | **🞎 Consumer** | | **🞎 Train the Trainer** | | |
| **Please Note:**  **I give my permission to be contacted at a later date to participate in a NCIEC follow-up evaluation.** | | | | | |
| Last Name | | First Name | | State | Email Address |
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