

WELLNESS SEMINAR

Attendance sheet

Day: _____

Time: _____

Topic/Trainer: _____

Agency/Location: _____

To receive credit for the Health Impact Program (HIP), you must PRINT your name and EIN legibly.

LAST NAME	FIRST NAME	SIGNATURE	EIN
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			