MSI – Webinar Group Training - Sign in Sheet

Title of Webinar Course: _____

Town/Authority/Housing Authority/School: _____

Date of Webinar Training: _____/_____/_____ Time of Webinar Training: _____

Supervisor Name: _____ (Sign below at completion of training before submitting to MSI)

Supervisor Attended Webinar: Yes ____No ____ Registered Employee (Zoom): _____Attended: Yes ___ No___

Email group sign in sheet within 24 Hours to: Andrea Felip: Email afelip@jamontgomery.com

	First Name ** please print clearly **									**Last Name**									**Signature**
1																			
2																			
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			

I attest the above listed students attended the entire course and given the opportunity to ask questions of the material.

Supervisor / Training Administrator Signature:_____

Phone #: _____ Email Address: _____