PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS DO NOT SEND THIS FORM TO THE BUREAU

Local Site Coordinator <u>:</u> Name:	Bureau of Home and Community Services Alabama Department of Public Health 201 Monroe St., Ste. 1200 Montgomery, Al. 36104		lealth	Agency Name:	
Phone #:					
ax #:	Sign-I	hey Affect Yo ry 23, 2010 n-Sheet			
Date Viewe Name (Please Print)	Class/ Title	Program/ Department	County/ Bureau Site Code	attend the live satellite) Signature	
John Doe	ННА/НА	HH/LC	616HH	John Doe	

If necessary, make copies of this form. ADPH agencies must fill out all columns. Taping of this program is prohibited