

PLEASE KEEP THIS SIGN-IN SHEET IN YOUR RECORDS.

Local Site Coordinator: _____

Bureau of Home and Community Services
Alabama Department of Public Health
The RSA Tower, Suite 1200
Montgomery, Al 36104

Agency Name: _____

Name: _____

Agency Address: _____

Phone #: _____

(334) 206-5711 Fax: (334) 206-5724

“Practical Tips on Management of Patients with Dementia in the Home”

Fax #: _____

May 16, 2007

Sign-In-Sheet

Name (Please Print)	Class/ Title	Program/ Department	County/ Bureau Site Code	Signature
<i>John Doe</i>	<i>HHA</i>	<i>HH</i>	<i>616HH</i>	<i>John Doe</i>

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