PLEASE KEEP THIS SIGN-IN SHEET IN YOUR RECORDS.

Local Site Coordinator:_____

Name:_____

Phone#:_____

Fax #:_____

Bureau of Home and Community Services
Alabama Department of Public Health
The RSA Tower, Suite 1200, Montgomery, Al 36104
(334) 206-5711 Fax: (334) 206-5724

Agency Name: _____

Agency Address:_____

_____

_____

"Caring For The Arthritic Patient In The Home"
August 8, 2007
Sign-In-Sheet

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

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