

**PLEASE KEEP THIS SIGN-IN SHEET FOR YOUR RECORDS**

**DO NOT SEND THIS FORM TO THE BUREAU**

Local Site Coordinator: \_\_\_\_\_

Bureau of Home and Community Services  
Alabama Department of Public Health  
201 Monroe St., Ste. 1200  
Montgomery, Al. 36104

Agency Name: \_\_\_\_\_

Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

**“Incontinence: How it Affects the Skin”  
October 26, 2010  
Sign-In-Sheet**

**Date Viewed**

(If you did not attend the live satellite)

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