# Network to Work Meeting - Sign-In Sheet

**Month:** _____

**Region/Sub-Region:** _____

A4TD ASSOCIATES FOR TRAINING & DEVELOPMENT
ADVANCING WORKFORCE DEVELOPMENT FOR MATURE WORKERS SINCE 1983

| First Name | Last Name | Email Address | Telephone | Job Goal |
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**Workplace Safety Topic:** _____

I attest that the following participants were at the meeting and watched the Workplace Safety video listed above.

SCSEP Staff Signature: _____ Date: _____

SCSEP Staff Name (printed): _____

*(Scan completed form into your subregion's training folder: (subregion name) > 7 - Training > Network to Work Meeting)*

*eff. 4/26/2018*