

District/Study Club:

Verification of Participation Roster Sign In Sheet

| Presentation Title: | | | Meeting Location: | | | | | |
|---------------------|------------|-----------|-----------------------------|---|-------|-------|--|--|
| Prese | nter: | | | CE Credit Ho | ours: | | | |
| ADA ID# | First Name | Last Name | GDA Member? Yes or No | Position (dentist, hygienist, etc.) | Email | Phone | | |
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Event Date:



Verification of Participation Roster Sign In Sheet – Pg. 2

| ADA ID# | First Name | Last Name | GDA Member? Yes or No | Position (dentist, hygienist, etc.) | Email | Phone |
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