

Continuing Education Roster

Please print clearly. **All** sections of the roster are required.

Presenter: _____

Company: _____

City, State/Province: _____

Date(s): _____

Course Title: _____

Delivery Channel:

☐ FC Onsite

☐ Public

☐ Certification

☐ Client Facilitated

| Name and Company Information | | Contact Information | | | Day 1 Sign In/Out (Initial) | | Day 2 Sign In/Out (Initial) | | Day 3 Sign In/Out (Initial) | |
|------------------------------|-----------|---------------------|-----------------|-----------------|-----------------------------|-----|-----------------------------|-----|-----------------------------|-----|
| 1. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |
| 2. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |
| 3. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |
| 4. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |
| 5. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |
| 6. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |
| 7. Name | Job Title | Phone | | | In | Out | In | Out | In | Out |
| Company | Address | City | State/ Province | ZIP/Postal Code | Email Address | | | | | |

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