

Group Sign-In Sheet

SESSION NAME: _____

COMPANY NAME: _____ DATE: _____

ATTENDEE NAME	SIGNATURE	DATE	PTIN#	CFP#	CLE#
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____

Note: Fill out the form with all attendee names, dates, PTINs, etc. (where applicable). Provide each attendee signature and send back to Basics & Beyond
email: support@cpehours.com or **fax:** 866-579-0796