



**Participant Sign-In Sheet**

<b>Course Name:</b>	<b>Date(s) of Training Program:</b>	
<b>Name of Instructor(s)/Facilitator(s):</b>	<b>Hours of Training Program:</b>	
	<b>Grant Name: (circle one)</b> EPA, TOP, WMD, DOE, EBOLA, OSHA, OSHA-SH	
<b>Site &amp; Street Address</b>	<b>City, State and Zip Code</b>	<b>District &amp; Local</b>

PLEASE PRINT IN ALL FIELDS. \* = OPT OUT/CHECK BOX IF YOU DO NOT WISH TO BE CONTACTED BY THE USW TONY MAZZOCCHI CENTER.

	<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>LOCAL UNION</u>	<u>DIST.</u>	<u>MAILING ADDRESS</u>	<u>PERSONAL EMAIL ADDRESS</u> <u>Phone xxx-xxx-xxxx</u>	<u>*</u>
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DATE:

	<u>PRINT NAME</u>	<u>SIGNATURE</u>	<u>LOCAL UNION</u>	<u>DIST.</u>	<u>MAILING ADDRESS</u>	<u>PERSONAL EMAIL ADDRESS</u> <u>Phone xxx-xxx-xxxx</u>	*
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