

# Chapter Meeting Attendance Sheet

Chapter: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

				PRE-REGISTERED	PAID ONSITE Cash   Visa   Chq	SEND INVOICE
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name</b>	Company name	Phone	Email			
Address						
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name</b>	Company name	Phone	Email			
Address						
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name</b>	Company name	Phone	Email			
Address						
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name</b>	Company name	Phone	Email			
Address						
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Name</b>	Company name	Phone	Email			
Address						

Copy if more space is required. Submit completed form with registration fees collected at the door.

Total Fees Collected: