

Take Charge Attendance Form

<p>Program:</p> <p><input type="checkbox"/> Take Charge of Your Health</p> <p><input type="checkbox"/> Take Charge of Your Diabetes</p> <p><input type="checkbox"/> Tomando Control de su Salud</p> <p><input type="checkbox"/> Tomando Control de su Diabetes</p> <p><input type="checkbox"/> Take Charge of Your Pain</p> <p><input type="checkbox"/> Cancer: Thriving and Surviving</p> <p><input type="checkbox"/> Workplace CDSMP</p>	<p>Organization: _____</p> <p>Host Site: _____</p> <p>Workshop ID: _____</p> <p>Start Date: _____</p> <p>End Date: _____</p>	<p>Leader #1: _____</p> <p>Leader #2: _____</p> <p>Participant Total: _____</p> <p>Completer Total: _____</p> <p>Total Contributions: _____</p>
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ID	NAME	Mark ☑ for Sessions Attended								Mark ☑ if Previous Participant	Mark ☑ if Rec'd				
		0	1	2	3	4	5	6	Total		Reg. Form	Privacy Policy	Liability Waiver	Pre-Survey	Post-Survey
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