

The people listed below attended this course and completed the course exercises.

	NAME (PRINT CLEARLY)	SIGNATURE	JOB TITLE	AGENCY/OFFICE	SUPERVISOR
1					
2					
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Facilitated by: _____ Date: _____ Phone Number: _____ Location: _____

Check the Training Package Used For This Session:

A	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D	<input type="checkbox"/>
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What ala cart-menu numbers, if any, did you use in addition to your package?

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Note: Please fax this completed form to Debie Chivers at 208-387-5452 and retain a copy with each employee's training record.