

## ARMY SUBSTANCE ABUSE PROGRAM SIGN-IN ROSTER

UNIT/ORGANIZATION: \_\_\_\_\_

TOPIC: \_\_\_\_\_

INSTRUCTOR/SPEAKER: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

	PRINT LAST, FIRST NAME	RANK/GRADE
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To receive training credit, roster must be faxed, hand delivered or emailed to ASAP – Prevention Ed.

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