



# CHAPTER MEETING SIGN-IN

RETA CHAPTER: \_\_\_\_\_ MEETING DATE/TIME \_\_\_\_\_

- 0.5 (30-45 min)
- 1.0 (50-80 min)
- 1.5 (90-110 min)
- \_\_\_\_\_ (other)

MEETING DETAILS: \_\_\_\_\_ TOPIC \_\_\_\_\_ SPEAKER \_\_\_\_\_

OFFICER VERIFICATION: \_\_\_\_\_ NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**PDH VALUE**

**PLEASE PRINT CLEARLY AND INCLUDE YOUR EMAIL ADDRESS**

First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	Email Address	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No