

Participation List – Training Session

Course Provider: Assumption Life **Instructor:** _____

Course Title: _____ **Course ID:** _____

Date: _____ **# of Credits:** _____ **Category:** _____

Training Site: _____

Participant Name (block letters)	Email Address (block letters)	Participant's Signature

I, _____, instructor for this training session declare that all of the participants signed above were present for the entire duration of the session.

Signed on _____ Signature of Instructor _____

