MDRAO LAMBDA
Attendance Form OTN

TOPIC: Date: from **CSA Z314-18 Colleen Landers RN Event #**

PARTICIPATING SITE:_____
(e.g. name of location and/or site number)

PLEASE PRINT CLEARLY

First and Last Name	Professional Designation	Department / Specialty	Signature

Please email to Candia Anderson candialanderson@hotmail.com

The attendance forms must be received before Friday ??? 2018 or they will not be counted as attending. It is your responsibility to sign and submit otherwise you will not get credit.