Sign In Sheet ATTENDANCE RECORD - ICHP Champion CPE Program

Program Title:
Illinois Healthcare Legislation

Fax to: 815-227-9294

Location: _____

Date:
April 17, 2019

First Name	Last Name	Email Address	Phone	Pharmacist / Technician	Member / Non-member	For Office: Non-member payment confirmed
Please PRINT Legibly				Write in P or T	Write in Yes or No	