



Verification of Participation Roster Sign In Sheet

District/Study Club:

Event Date:

Presentation Title:

Meeting Location:

Presenter:

CE Credit Hours:

ADA ID#	First Name	Last Name	GDA Member? Yes or No	Position (dentist, hygienist, etc.)	Email	Phone

Verification of Participation Roster Sign In Sheet – Pg. 2

ADA ID#	First Name	Last Name	GDA Member? Yes or No	Position (dentist, hygienist, etc.)	Email	Phone