



Chicanos/Latinos for Community Medicine

Academic Coordinator Workshop Attendance Sheet

Workshop Name: _____

Workshop Date: _____

I certify that I am a facilitator/organizer of the workshop/event listed above
and that the student specified below attended and participated in this
workshop/event.

Facilitator Name: _____

Facilitator Signature: _____

Student Name: _____

Student Signature: _____

Facilitator Contact Email: _____



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