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|  | **Disaster Preparedness Workshop Attendance Summary**  **Date of Workshop: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Member Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Directions:** *Please complete this form for EACH workshop conducted. Print (legibly) or Type the following information: Client’s Complete Name, DOB, Pre-test & Post-test Scores, and answer to Question #11 on the post-test. This Attendance Summary along with the pre-test and post-test forms must be submitted within ONE WEEK of the date of the workshop(s).* | | | | |
|  | **Participant Complete Name** | **DOB** | **Pre-test Score** | **Post-test Score** | **Question 11** |
| ***EX.*** | *Jane Doe* | *10/20/1995* | *6* | *10* | *Yes* |
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