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| **SIGN-IN SHEET FOR SCHOOLS & INSTITUTIONS** Pg. | | | | | | |
| **DATE & TIME:** | | **OSDE OR TRAINER(S) NAME:** | | | | |
| **TOPIC(S):** | | | | | | | |
| **DISTRICT OR INSTITUTION NAME:** | | | | | |  |  |
| **FIRST NAME** | | **LAST NAME** | | **POSITION** | **SIGNATURE** | | |
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