Seminar Sign-In Sheet

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  |  |  |  |
| Seminar Title: |  |  |  |  |
| Organization: |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Name** | **Phone Number** | **Would you like to receive a follow up call?** | | | |
| 1 |  |  | Yes |  | No |  |
| 2 |  |  | Yes |  | No |  |
| 3 |  |  | Yes |  | No |  |
| 4 |  |  | Yes |  | No |  |
| 5 |  |  | Yes |  | No |  |
| 6 |  |  | Yes |  | No |  |
| 7 |  |  | Yes |  | No |  |
| 8 |  |  | Yes |  | No |  |
| 9 |  |  | Yes |  | No |  |
| 10 |  |  | Yes |  | No |  |
| 11 |  |  | Yes |  | No |  |
| 12 |  |  | Yes |  | No |  |
| 13 |  |  | Yes |  | No |  |
| 14 |  |  | Yes |  | No |  |
| 15 |  |  | Yes |  | No |  |
| 16 |  |  | Yes |  | No |  |
| 17 |  |  | Yes |  | No |  |
| 18 |  |  | Yes |  | No |  |
| 19 |  |  | Yes |  | No |  |
| 20 |  |  | Yes |  | No |  |