

## Satellite (On-line) Training Sign-In Sheet

Workshop Title:  Date & time of workshop:

Name of Instructor(s):

Name (Please PRINT)	Signature	Organization	Phone	Email	Time In	Time Out
		City of Santa Barbara				
		City of Santa Barbara				
		City of Santa Barbara				
		City of Santa Barbara				
		City of Santa Barbara				
		City of Santa Barbara				
		City of Santa Barbara				

Name and Address to mail certificates to: Dora Sanchez/Water Distribution, City of Santa Barbara, PO Box 1990, Santa Barbara, CA 93102

**Please make as many copies of this sheet as necessary. Fax back to (916) 372-5636.**