

# Attendance Form

<b>Course Title:</b>	2026 Board of Review Member Training
<b>Course Date:</b>	2/19/2026
<b>STC Assigned Course Number:</b>	B2026-36
<b>Instructor Name(s):</b>	Cindy Dodge
<b>Course Location:</b>	Online (Zoom)
<b>Sponsor Organization Name:</b>	Michigan Townships Association

*I verify that all those listed on this form attended the full 2026 Board of Review Member Training.*

**Print Full Name**

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**Signature**

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**Township/Municipality**

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## County