Attendance Form

Course Title:	**2025 Board of Review Member Training**
Course Date:	**2/28/2025**
STC Assigned Course Number:	**B2025-40**
Instructor Name(s):	**Cindy Dodge**
Course Location:	**Online (Zoom)**
Sponsor Organization Name:	**Michigan Townships Association**

I verify that all those listed on this form attended the full 2025 Board of Review Member Training.

_____ _____
Print Full Name Signature

_____ _____
Township/Municipality County

		INITIAL	
(LEGIBLY) Print Full Name	**Signature**	**IN**	**OUT**