Attendance Form

Course Title:	**2023 Board of Review Member Training**
Course Date:	**June 1, 2023**
STC Assigned Course Number:	**B2023-49**
Instructor Name(s):	**Cindy Dodge & Shila Kiander**
Course Location:	**Zoom (Virtual)**
Sponsor Organization Name:	**MTA**

I verify that all those listed on this form attended the full 2023 Board of Review Member Training.

_____ _____
Print Full Name Signature

_____ _____
Township/City/Village County

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