TCSG | Adult Education
Technical College System of Georgia

ENTER ADULT EDUCATION PROGRAM NAME

EVENT TITLE
LOCATION (CAMPUS, BUILDING NAME, ROOM #)
ADDRESS, CITY, GA
DAY, MONTH, DATE, YEAR (START -- END TIMES)

NOT IN GALIS	#	NAME & TITLE — PLEASE PRINT CLEARLY, IF NOT PRELISTED	PT	FT	SIGNATURE — SIGNATURE IS REQUIRED	INDICATE TIME IF ARRIVING LATE / LEAVING EARLY
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Header note: NAME & TITLE — PLEASE INDICATE ANY PARTICIPANTS WHO ARE NOT IN GALIS. INDICATE PART OR FULL TIME.

GALIS CRN:	DATE ENTERED:	ENTRIES COMPLETED BY:	PAGE:

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*Copy and paste the Sign In Grid
to accommodate additional attendees
participating in the professional development event.*

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