



Local Chapter Meeting Attendance Sheet

Chapter Name _____ Chapter ID# _____
 Meeting Date _____ Catalogue Number _____

Name (Print)	Signature	AAPC Member ID#	Non AAPC Member

Total AAPC Members _____
 Total Non AAPC Members _____

Submit Quarterly by April 15, July 15, October 15, January 15
 Must accompany Local Chapter Reimbursement Request Form

PLEASE RETURN TO:

AAPC Local Chapter Department
 2480 South 3850 West, Suite B, Salt Lake City, Utah 84120 • 800-626-CODE (2633), Fax 801-236-2258 • localchapters@aapc.com