

## MATEC Sign-In Sheet

Program Name \_\_\_\_\_ Location \_\_\_\_\_ Date(s) \_\_\_\_\_ Program ID \_\_\_\_\_

**NAME** **DISCIPLINE** (check one only) **EMAIL - PLEASE PRINT LEGIBLY**

Print name:	<input type="checkbox"/> Physician <input type="checkbox"/> Other Dental Prof. <input type="checkbox"/> Pharmacist <input type="checkbox"/> Sub Abuse Prof <input type="checkbox"/> Dietitian/Nutritionist <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse <input type="checkbox"/> Social Worker <input type="checkbox"/> Health Educator <input type="checkbox"/> Comm. Health Worker	<input type="checkbox"/> Dentist <input type="checkbox"/> Adv Practice Nurse <input type="checkbox"/> Mental/Beh Health Prof. <input type="checkbox"/> Oth Public Health Prof. <input type="checkbox"/> Clergy/Faith Based Prof	<u>Email Address</u>  <input type="checkbox"/> DO NOT SHARE with National Evaluation Center*
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