

Attendance Sign-in Form

BENEFIS HEALTH SYSTEM

REACH Montana
TELEHEALTH NETWORK

Date: _____ Title: _____

Time: _____

- BHC East BHC West Big Sandy OC4MH Chester Chinook
 Choteau Conrad Cut Bank City/County Fort Benton Havre
 Malta MSU-COT Rocky Boy Sletten CI Sletten HiLine Shelby
 White Sulphur _____ _____ _____

Attendees must sign in to receive proper credit for this course.

Name: (Last, First)	PLEASE PRINT CLEARLY!													Department/Organization			
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
9																	
10																	
11																	
12																	
13																	
14																	
15																	
16																	
17																	
18																	
19																	

Person Completing Form: _____ Telephone #: _____

Please mail or fax (455-4796) this completed form to **Karyn Sowa, REACH Telemedicine-Great Falls.**

If you have any questions or comments, please call 455-5588. Thank You!