SAMPLE ATTENDANCE REGISTER

CONTINUING PROFESSIONAL DEVELOPMENT - ATTENDANCE REGISTER (Please photocopy as necessary)

NAME OF MEETING:_____

DATE OF MEETING: _____ ***Please retain this sign in sheet in your office for a five-year period following the date of the meeting.***

Full Name with Initials (block letters)	**Medical Council Number** *(if applicable)* *(please print clearly)*	**Mobile phone no.** ***or*** **Email** *(please print clearly)*	**Signature**

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