

## eBistro Hands-on Training with Facilitator NCDPI-TPS Attendance Roster

|  |                  |                                 |                                      |                                    |
|--|------------------|---------------------------------|--------------------------------------|------------------------------------|
| eBistro Module Name and #<br>Location and Time<br><i>(State exact title as approved)</i><br>Facilitator: _____ | Date of Workshop | Number Of Units<br>Other Credit | Number of Units<br>Technology Credit | Combined Number of Units of Credit |
|  |                  |                                 |                                      |                                    |

**Please print your name the way it appears on your paycheck.**

***PRINT!!***

| <i>Name</i> | <i>Home School, Position</i> | <i>Email Address (print)</i> |
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| Approved by: _____<br>Date: _____ |
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