



CHAPTER MEETING SIGN-IN

RETA CHAPTER: _____ MEETING DATE/TIME _____

- 0.5 (30-45 min)
- 1.0 (50-80 min)
- 1.5 (90-110 min)
- _____ (other)

MEETING DETAILS: _____ TOPIC _____ SPEAKER _____

OFFICER VERIFICATION: _____ NAME _____ SIGNATURE _____

PDH VALUE

PLEASE PRINT CLEARLY AND INCLUDE YOUR PERSONAL RETA ID # PRINTED ON MEMBERSHIP CARD

First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name	Last Name	RETA Membership ID #	RETA Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No