

CHAPTER MEETING SIGN-IN

VELOPMEN	RETA CHAPTER:		MEETING DATE/TIME
☐ 1.0 (50-80 min)	MEETING DETAILS:	TOPIC	SPEAKER
□ 1.5 (90-110 min)□ (other)	OFFICER VERIFICATION:	NAME.	CIANA MANAS
PDH VALUE		NAME	SIGNATURE

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

		RETA Certified: ☐ Yes ☐ No
Last Name	RETA Membership ID #	
		RETA Certified: ☐ Yes ☐ No
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Last Name	KCTA Membership ID #	
Last Namo	RETA Mombaychia ID #	RETA Certified: ☐ Yes ☐ No
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	DOTALL 1 1 1 ID II	RETA Certified: ☐ Yes ☐ No
Last Name	R&TA Membership ID #	
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