

Loggers Chapter Name \_\_\_\_\_ Meeting Date \_\_\_\_\_

Subject: BMP # of hours \_\_\_\_\_, CSAW # of hours \_\_\_\_\_, Other \_\_\_\_\_ # of hours \_\_\_\_\_

### SIGN IN SHEET

| Name (print) | Signature | Company | E-mail Address |
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Please return to Gayla Fleming within 1 week of your meeting. Fax: 740-452-2552 Email: Gayla@Ohioforest.org

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