



Class Sign-In Sheet

Date: _____

Name of Class: _____

Name: _____

Agency/Company: _____

Agency/Company Address: _____

Email: _____

Do you need **MASSACHUSETTS** CE? YES NO

If YES, we need your **MASSACHUSETTS RESIDENT PRODUCER LICENSE NUMBER:** _____

****Remember... If you are attending a course that has 1 CEU, you MUST attend at least one other CEU program to get the CEUs.**



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