

**COPAS-COLORADO
Participant Sign-in Form**



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Name of Presenter: _____
Location: _____
Recommended CPE credit: _____
Course Number: (Committee, MOYR) _____

Committee Sponsored By: _____
Name of Presentation: _____
Date: _____
(example: REV1212)

Print Clearly. If we cannot read your writing, certificates will not be issued.

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Certificates will be issued upon receipt of required documentation