

Attendance Sign In Sheet

Course Title: SWKSHCC Meeting (1089096)

Provider Name: Bureau of Community Health Systems, Preparedness Program

Course Date: 5/10/2024 10:00:00 AM (GMT-06:00) Central Time (US & Canada)

Session Name: St. Catherine Hospital - Garden City on May 10, 2024

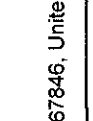
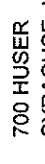


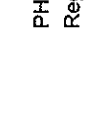
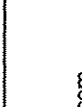
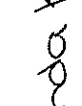
Instructor/No.:

Course ID: 1089096

Credit Type:

Session Address: 401 E. Spruce, Garden City, Kansas, 67846, United States, Room: Classroom B

Provider Number:

User Name	Organization	Address	Business Phone	Professional No.	Signature
Email	Title		Fax		
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Amanda Kasista amandakasista1985@gmail.com	Hodgeman Co	309 Main			

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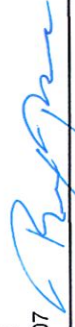



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Provider Number:

User Name	Organization	Address	Business Phone	Professional No.	Signature
Email	Title		Fax		
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