MONTANA STATE UNIVERSITY
Local Technical Assistance Program

# Montana LTAP Webinar Attendance List

**Please email list back to:** autumn.gilleard@montana.edu

**Webinar Topic:**_____

**Date:**_____

| Last Name Print | First Name Print | Agency | Signature |
|---|---|---|---|
| ***PLEASE print clearly so name is correctly documented*** | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Supervisor Name (Print):_____

Supervisor Signature:_____