

Susan Harwood Training Grant Program

NYCOSH Trainings

Topic of Training: _____ Date: _____
Trainer Name: _____ Time (from – to): _____
Grant #: _____ Location: _____

Training Roster

	Registered Name	Attendee Signature	Employer/Job Title
1			
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I certify that the information on this sheet is accurate.

Signature of the Trainers only (required upon completion of the training)

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