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www.esc3.net

NET3 Video Workshop Sign In Sheet

Workshop Title: _____

Workshop #: _____

Workshop Date: _____

Remote Site Location: _____

Please Return by Fax to: _____

Fax to 361-576-4804 Page ____ of ____

Net 3 Workshop Participants

Print Name

Sign Name

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
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11. _____	_____
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13. _____	_____
14. _____	_____
15. _____	_____

Returning this completed form will ensure you get credit for your attendance.

Thank You!