

[Insert Company Name and/or Logo]

Form	
Title:	Attendee Sign-in Sheet
Purpose:	Use this sign-in sheet to record the name of Healthcare Professionals (HCPs) who attend a business meeting or training event.
Effective Date:	[Enter date]

EVENT INFORMATION			
Event Location (Name & Address):			
Event Name/Business Purpose (including products discussed):			
Meal provided (if applicable) (e.g. lunch; snacks; dinner):			
Date:		Representative:	

SIGN IN SHEET			
Attendee Name	Institution Name	Job Title	Signature
1.			
2.			
3.			
4.			
5.			[CLICK HERE AND PRESS TAB TO CREATE NEW ROWS]