Nonprofit Staff Workshop Attendance Log					
Work	shop Title				
Date					
Time					
Facil	itator				
	4t a				
Loca	uon				
#	Staff Name	Department/Role	Signature	Arrival Time	
1	Staff Name	Department/Role	Signature	Arrival Time	
	Staff Name	Department/Role	Signature	Arrival Time	
1	Staff Name	Department/Role	Signature	Arrival Time	
1 2	Staff Name	Department/Role	Signature	Arrival Time	
2 3	Staff Name	Department/Role	Signature	Arrival Time	
2 3 4		Department/Role	Signature	Arrival Time	
1 2 3 4 5		Department/Role	Signature	Arrival Time	