Oldways Latin American Heritage & Health

A Taste of Latin American Heritage
Sign-in Sheet

Location:_____ Start Date:_____ /_____/ _____

Instructor: _____ End Date:_____ /_____/ _____

Name	Email	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Forms		
								Pre Eval	Consent	Post Eval
									Y N	
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