



ASQ Silicon Valley Preparation Class Attendance

Class Title: _____ **Instructor:** _____

Class Date: _____ **Duration of Class:** _____

Attendee Name <i>(please print)</i>	Date	Attendee Signature	Email address

Please print name and email address clearly. Your printed name will be put on the completion certificate.

For instructor: Please retain this document as PROOF of INSTRUCTIONAL HOURS, required for reimbursement at end of session per INSTRUCTIONAL GUIDELINES.