Page # _____ of _____

BFIS Sponsor
ATTENDANCE & AGREEMENT

NORTHERN LIGHTS AT COMMUNITY COLLEGE OF VERMONT

Title:	**Date(s)**: **Total hours:** **Time**:
Sponsor (as listed in BFIS):	**Instructor(s):**

My name and initial confirms my attendance at this training/course.

- PLEASE PRINT CLEARLY SO YOU CAN BE IDENTIFIED AND YOUR ATTENDANCE COUNTED! -

PRINT Full Legal Name	Initial	BFIS Credential ID #	Place of Employment NO INITIALS please	Your Mailing Address:	Email	Phone