SUPPORT GROUP VERIFICATION

PARTICIPANT’S NAME: _________________________________________
NAME OF GROUP: _____________________________________________
TIME: _________________ DATE: ___________________________
ʁ SIGNATURE OF REPRESENTATIVE: _______________________
ANCHOR GROUP?  YES __________  NO __________
TOPIC: ______________________________________________________
DID YOU SPEAK? YES ___________  NO __________
WHAT DID YOU HEAR OF INTEREST OR LEARN?
____________________________________________________________________________________
____________________________________________________________________________________
PARTICIPANT’S NAME: _________________________________________
NAME OF GROUP: _____________________________________________
TIME: _________________ DATE: ___________________________
ʁ SIGNATURE OF REPRESENTATIVE: _______________________
ANCHOR GROUP?  YES __________  NO __________
TOPIC: ______________________________________________________
DID YOU SPEAK? YES ___________  NO __________
WHAT DID YOU HEAR OF INTEREST OR LEARN?
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NAME OF GROUP: _____________________________________________
TIME: _________________ DATE: ___________________________
ʁ SIGNATURE OF REPRESENTATIVE: _______________________
ANCHOR GROUP?  YES __________  NO __________
TOPIC: ______________________________________________________
DID YOU SPEAK? YES ___________  NO __________
WHAT DID YOU HEAR OF INTEREST OR LEARN?
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NAME OF GROUP: _____________________________________________
TIME: _________________ DATE: ___________________________
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ANCHOR GROUP?  YES __________  NO __________
TOPIC: ______________________________________________________
DID YOU SPEAK? YES ___________  NO __________
WHAT DID YOU HEAR OF INTEREST OR LEARN?
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DID YOU SPEAK? YES __________ NO __________
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