

SOUTH DAKOTA WIC RETAILER TRAINING

ATTENDANCE SHEET

Retailer \_\_\_\_\_ WIC ID Number \_\_\_\_\_

Date of Training \_\_\_\_\_ Time \_\_\_\_\_

Location \_\_\_\_\_ Trainer \_\_\_\_\_

Please sign your name indicating your attendance at the WIC Training:

- |           |           |
|-----------|-----------|
| 1. _____  | 23. _____ |
| 2. _____  | 24. _____ |
| 3. _____  | 25. _____ |
| 4. _____  | 26. _____ |
| 5. _____  | 27. _____ |
| 6. _____  | 28. _____ |
| 7. _____  | 29. _____ |
| 8. _____  | 30. _____ |
| 9. _____  | 31. _____ |
| 10. _____ | 32. _____ |
| 11. _____ | 33. _____ |
| 12. _____ | 34. _____ |
| 13. _____ | 35. _____ |
| 14. _____ | 36. _____ |
| 15. _____ | 37. _____ |
| 16. _____ | 38. _____ |
| 17. _____ | 39. _____ |
| 18. _____ | 40. _____ |
| 19. _____ | 41. _____ |
| 20. _____ | 42. _____ |
| 21. _____ | 43. _____ |
| 22. _____ | 44. _____ |

Original Attendance Sheet to State WIC office

Copy of Attendance Sheet to Vendor