**NCSA Attendance Roster**

**<Chapter location> Chapter**

**Date:<Day, Month day, year>**

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| ATTENDEE NAME & PTIN | ***Contact Phone & Email*** | ATTENDEE SIGNATURE |
| First Name Last NamePxxxxxxx | (xxx) xxx-xxxxxyz@accounting.com |  |
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|  | GUEST SIGN IN |  |
| PRINT NAME & PTIN | ***Contact Information & Email*** | SIGNATURE |
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