Living a Healthy Life with Chronic Conditions - Session Attendance Log

Date(s) of Workshop:_____ Leaders:_____ and _____

Location of Workshop (include name/address): _____

* Workshop Leaders: Please check the sessions each participant attends. Leave blank if they did not attend.

	Participant Name and phone #	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Total Attended	Notes
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