Meeting Attendance Verification

Name: _____ Date/Time:_____/_____ Circle one: (AA, NA, CA) Meeting: _____ Location:_____ Topic: _____ Chairperson: _____	Name: _____ Date/Time:_____/_____ Circle one: (AA, NA, CA) Meeting: _____ Location:_____ Topic: _____ Chairperson: _____	Name: _____ Date/Time:_____/_____ Circle one: (AA, NA, CA) Meeting: _____ Location:_____ Topic: _____ Chairperson: _____
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Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____
Name: _____	Name: _____	Name: _____
Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____
Name: _____	Name: _____	Name: _____
Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____
Name: _____	Name: _____	Name: _____
Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____
Name: _____	Name: _____	Name: _____
Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____
Name: _____	Name: _____	Name: _____
Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____
Name: _____	Name: _____	Name: _____
Date/Time:_____/_____	Date/Time:_____/_____	Date/Time:_____/_____
Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)	Circle one: (AA, NA, CA)
Meeting: _____	Meeting: _____	Meeting: _____
Location:_____	Location:_____	Location:_____
Topic: _____	Topic: _____	Topic: _____
Chairperson: _____	Chairperson: _____	Chairperson: _____