# Province-Wide Rounds: ATTENDANCE SIGN-IN SHEET

**Date: _____**

NOTE: A sign-in sheet is required if you wish to collect CME Credit(s). Note, you must sign and print your name and fax or e-mail CLEARLY in order for us to keep proper records.
**Please fax form back to Elsie Cabrera AT 416-603-5292.** Thank you!!

| **NAME** (Please Print your full name **clearly**) | **SIGNATURE** | **CME CREDIT** | | **Fax # or E-mail** |
|---|---|---|---|---|
| | | **Yes** | **No** | |
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Photocopy additional forms as necessary