

# FLEX Workshop Sign-In

**Workshop Name:** \_\_\_\_\_

**Presenter(s):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**Room:** \_\_\_\_\_

PLEASE PRINT YOUR NAME CLEARLY SO YOU MAY RECEIVE FLEX CREDIT.

\*\*FLEX not available if you attend during your regular instruction and/or office hours

Name	Department	Full-Time or Part-Time	
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**\*\*Please return this form to the Office of Faculty Affairs Mailbox\*\***