



# Professional Development Participation Log

Use this form to document GEAR UP Iowa professional development events. Retain this form as mandated by grant requirements and be prepared to submit this form as requested. The form must be accurate and legible. Signature must be handwritten or a verifiable electronic signature.

**Name of Activity:** \_\_\_\_\_ **Facilitated By:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time of Activity:** \_\_\_\_\_ to \_\_\_\_\_ **Meal/Refreshments Provided:**  Yes  No

	Attendee Name (PRINT)	Attendee Signature	Position
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**GUI Event Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Attach additional sheets as needed.*