PSC | PENSACOLA STATE COLLEGE

Faculty and Staff Sign-In

Workshop Date: _____

Workshop Name: _____

Section Number: _____

Time: _____

Location: _____

Contact Person: _____

Presenter: _____

NAME (please print)	ID#									DEPT	EXT	SIGNATURE
If you did not pre-register for this workshop, please (legibly) print your name, ID #, dept., and extension in the space provided.												

Faculty and Staff Sign-In

NAME (please print)	ID#								DEPT	EXT	SIGNATURE
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