



# Nonmember Attendance Record for AAMA CEUs

- The last four digits of your Social Security number are required to register credits.
- Do not use abbreviations.
- Participants *must* attend a minimum of 90 percent of this educational activity/program.
- The attendance sheet can *only* be submitted by the *program planner*.
- Approval number (required): \_\_\_\_\_
- Program date: \_\_\_\_\_

**\*Typing directions:**

1. Select the Hand tool.
2. Click on the page just to the right of the requested information, such as "Last name:".
3. Type in the information.
4. Print the form immediately.

**You cannot save what you type.**

**Nonmembers only. *If member, fill out the Member Attendance Record.***

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

**SSN (last four digits only):** \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_