

# SAMPLE SIGN-IN SHEET

Activity Title

Activity Date

**FINANCIAL DISCLOSURE:** In accordance with the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support, the speaker, Dr. \_\_\_\_\_, has no commercial affiliations to disclose. Dr. \_\_\_\_\_ has agreed that if an unlabeled or investigational use of a commercial product was discussed, he would disclose it as such.

1.  Name \_\_\_\_\_

2.  Name \_\_\_\_\_

3.  Name \_\_\_\_\_

4.  Name \_\_\_\_\_

5.  Name \_\_\_\_\_

6.  Name \_\_\_\_\_

7.  Name \_\_\_\_\_

8.  Name \_\_\_\_\_

9.  Name \_\_\_\_\_

10.  Name \_\_\_\_\_

11.  Name \_\_\_\_\_

12.  Name \_\_\_\_\_

13.  Name \_\_\_\_\_

14.  Name \_\_\_\_\_

15.  Name \_\_\_\_\_

16.  Name \_\_\_\_\_

17.  Name \_\_\_\_\_

18.  Name \_\_\_\_\_

19.  Name \_\_\_\_\_

20.  Name \_\_\_\_\_