



CCCECE Sign-In Sheet ~ Regional Meeting Region: _____ Date: _____

#	Name ~ PRINT CLEARLY	Signature	Email Address ~ PRINT CLEARLY	College	Position	Gender	Race (please check all that apply)
1.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
2.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
3.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
4.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
5.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
6.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
7.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
8.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
9.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
10.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
11.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

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12.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
13.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
14.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
15.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
16.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
17.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
18.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
19.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
20.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
21.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
22.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
23.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

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24.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
25.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
26.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
27.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
28.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
29.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
30.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
31.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
32.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
33.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
34.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
35.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

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36.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
37.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
38.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
39.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
40.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
41.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
42.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
43.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
44.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
45.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
46.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
47.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other

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48.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
49.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
50.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
51.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
52.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
53.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
54.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
55.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
56.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
57.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other
58.						<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Latino <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other