

WISCONSIN EMERGENCY MANAGEMENT TRAINING ATTENDANCE ROSTER



This training is funded by a Homeland Security Grant. Under this grant, the attendees signing below understand that the State of Wisconsin will incur costs on behalf of the local government for the costs associated with the training in the estimated amount of \$_____

Course: _____ **Date:** _____

Location (Name & Address): _____

NAME	Agency	Email	Phone
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IMPORTANT: Copies of this sign in sheet must accompany all invoices to the WEM Training Section