

ARMY SUBSTANCE ABUSE PROGRAM SIGN-IN ROSTER

UNIT/ORGANIZATION: _____

TOPIC: _____

INSTRUCTOR/SPEAKER: _____

DATE: _____ TIME: _____

	PRINT LAST, FIRST NAME	RANK/GRADE
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To receive training credit, roster must be faxed, hand delivered or emailed to ASAP – Prevention Ed.

FAX: 655-6045 ~ EMAIL: usaghi.asap@us.army.mil