

Chicago Medical Society

Joint Sponsorship CME Attendance Sheet

** To receive CME credit,
You must sign the attendance
sheet.*



Joint Sponsor:	Activity:
Course Director:	Date of Activity:

Please print clearly on the appropriate line to obtain accurate information on your CME certificate.

Name (Please Print)	Signature	Address (Complete)	Phone	CMS MBR?
1.				
2.				
3.				
4.				
5.				
6.				
Name (Please Print)	Signature	Address (Complete)	Phone	CMS

				MBR?
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***** For additional names please make copies *****