**Tobacco Free RI Local Policy Leadership Summit**

**Sign in Sheet for UNREGISTERED attendees**

**PLEASE PRINT CLEARLY!**

|  |  |
| --- | --- |
| **Full Name:** |  |
| Home/Voting Address: |  |
| Phone: |  |
| Email: |  |
| Affiliation/Title: |  |
| If under age 18, please include birth date: |  |
| **Full Name:** |  |
| Home/Voting Address: |  |
| Phone: |  |
| Email: |  |
| Affiliation/Title: |  |
| If under age 18, please include birth date: |  |
| **Full Name:** |  |
| Home/Voting Address: |  |
| Phone: |  |
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