Cultural Competency Professional Development Page ____ of ____

Event Name:			Date:	Date:	
Session:			Time:	Time:	
Presenter(s):			Room:		
#	Employee Name	L number	Group	Department	
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25	Group:	Classified = C Faculty	= F Manager =	= M	

Please return sign in sheet(s) to Office of Equity & Inclusion - scan & email to Equity@lanecc.edu