JAMES MADISON UNIVERSITY

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| SOP Title: | **Offsite Training Form** | SOP No. | **CHBS– 12- 119.F2** |
| Revision | **2** |
| Effective Date: | March 11, 2014 | Page | **6 of 9** |

| Name of Course, Meeting, Seminar Attended | Date(s) Attended | Presenter/ Speaker | Attendee | Supervisor |
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