



# GWRRA University Module/Seminar Roster



Date \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

Module/Seminar: \_\_\_\_\_ Chapter/State: \_\_\_\_\_

Instructor/presenter: \_\_\_\_\_ Member Number: \_\_\_\_\_

Instructor/presenter \_\_\_\_\_ Member Number: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Event \_\_\_\_\_

PLEASE PRINT ONE NAME PER LINE

	Name	GWRRA Membership #	District/Chapter
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Email form to: [certify.renew@gmail.com](mailto:certify.renew@gmail.com)  
cc: District University Coordinator