

**STATE ASSOCIATION ROSTER**

**Rosters are due to** **charla@frpa.org** **by the Friday before the session to allow for ample time to send information to participants.**

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| **State Association:**  |  |
| **Contact name/email:**  |  |

Class Name:

Will you require a pre-session breakout room to meet with your participants 15-20 minutes before the session begins? [ ]  yes [ ]  no

Do you have a sponsor for this session? [ ]  yes [ ]  no

Please fill out the sections below with each participant’s information. This will need to be turned in before each session that you have participants registered for by the date indicated next to the session. Return to charla@frpa.org. (Don’t forget to include your complimentary registration information for your Executive Director or designee.) Should you have late registrants (after you have sent this form), please send the information directly to charla@frpa.org.

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| **Full Name** | **Agency** | **Email** |
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