

Advisory Committee Meeting

Date & Time

District

Building/School Name

Program

CIP Code & PSN(s)

Sign-In Sheet

Committee Position	Name	Company Name & Address	Company Position	Email	Signature
Voting Members					
Chairperson					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Business and Industry					
Parent / Guardian					
Postsecondary Representative					
Special Populations Representative					
Non-Voting Members					
Teacher					
Teacher					
Teacher					
Administrator					
Student					
Counselor					
Community Representative					

