TOTA
Texas Occupational Therapy Association, Inc.

TOTA Continuing Education Course Sign-in Sheet

Course Title: _____ **Date:** _____

Organization Name: _____ **Course #** _____

Name, Credentials and Mailing Address	TOTA Member Y/N	Daytime Phone	Email

Return completed sheet(s) by email: kami@tota.org or
Mail: TOTA, 1106 Clayton Lane, Suite 516W, Austin, TX 78723