OMB # 0925-0701
Expiration Date: 07/31/2017

Alabama Safe Sleep Outreach Project

Sign-In Sheet

Please bring all of these forms to the closing meeting on August 5, 2016.

Use this Sign-In Sheet for event attendees

Public reporting burden for this collection of information is estimated to average 1 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0701). Do not return the completed form to this address.

Participation is voluntary and you may choose to discontinue or have your name and related information withdrawn at any time.

NOTE: Please be advised that the Safe Sleep Outreach Project and the data collection is sponsored by the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD). The purpose of collecting the information required on this form is to help NICHD assess unique attendees to safe sleep program events. All personal information will be stored in a locked cabinet.

Event Type: _____ **Date**: _____ /_____ /_____
Month Day Year

Location:_____
_____

Name (please print)	Signature

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Name (please print)	Signature

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