1040 Boulevard SE
Suite M
Atlanta, GA 30312
www.wellspringliving.org

Wellspring Living Event Attendee List

Event Title: _____

Event Date: _____

Event Host Organization / Name: _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please note: Event hosts are required to provide Wellspring Living with a list of attendee names. Please send this list to events@wellspringliving.org within 7 days of the event. A blank sheet is attached for your convenience, but you do not have to use it specifically.

Transforming Lives