SIGN IN SHEET (please print clearly)		Date		2
NAME	EMAIL ADDRESS	PHONE	PREFERRED METHOD OF CONTACT (call, text, email)	WHO INVITED YOU?
LAIMER: The information provi are not here to treat, diagnose,	ided here for you today is for educational purposes only and r prevent or cure any disease.	ot meant to substitute for medical care or	to prescribe treatment for any specific health conditi	on.