

Iowa Nurse Assistance Program (INAP)
400 SW 8th St, Suite B
Des Moines, Iowa 50309
Attendance Calendar

AA/NA, Aftercare and support groups

Name: _____ (Please print full name. Failure to do so may result in non-compliance)

Month _____ Year _____

Sponsor signature: _____ (By signing this, you are verifying regular attendance)

Sponsor Phone Number _____

(List name of group, time attended, and initials of moderator)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday