

Registration Report

Report Ger #####

Topic	Webinar ID	Scheduled	Duration (r	# Register	# Canceled	# Approved	# Denied
Executive C	967 4515 7	#####	90	2	0	2	0

Attendee Details

First Name	Last Name	Email	City	Phone	Registration	Approval S	What are y	REQUIRED:
Sharron	Hubbard-M	ssharron@	Madison	608-335-05	#####	approved	She her	Zoom
Colin	Gillis	colinrgillis@	Madison	608-609-73	#####	approved	He him	In Person

REQUIRED: Agenda item Do you support Do you wish Are you being paid to represent an organization?
No--STOP here and SUBMIT registration form, Yes--Continue to the next question
Yes--Continue 2023-res 1: Support I do not wish: No