Registration Report

Report Ger #######

Topic Webinar ID Scheduled Duration (r # Registere # Cancelled # Approvec # Denied

Executive C 935 6513 1 ####### 60 3 0 3 0

Attendee Details

Registration Time Approval Si What are y REQUIRED: First Name Last Name Email City Phone Sean Burke burke.sean Madison 608-279-54 6/6/2024 9:32 approved He/Him In Person Yogesh 6/6/2024 16:39 approved chawla.yog madison 6.08E+09 Zoom Chawla

REQUIRED: Agenda ite Do you sup Do you wis Are you being paid to represent an organization?

Yes--Contin I - Public cc Neither sur Yes, I wish No

Yes--Contir D1, D2, D3, Oppose Yes, I wish No