Registration Report

Report gen ########

Topic	ID	Scheduled Time	Duration (minutes)	# Registran
Executive C	998 0324 8	9/18/2025 17:30	90	2

Attendee Details

First Name	Last Name	Email	Registration Time	Approval St
Jordan	Bailey	jbailey27@wisc.edu	9/18/2025 12:33	cancelled b
CCB-COB-354		rooms_aj8os5tuq8-p2u	9/18/2025 17:24	approved
Shannon	Meyer	semeyer@publichealth	9/18/2025 18:41	approved

# Cancellec	# Approvec	# Denied registrants
1	2	0

City	Phone	What are y	REQUIRED:	REQUIRED: Agenda ite	Do you sup	Do you wis	Are you bei
Madison	5.06E+09		Zoom	No--STOP here and SUBMIT registration form			
Madison	6.08E+09		Zoom	No--STOP here and SUBMIT registration form			

ing paid to represent an organization?