

Hotel Leadership Development Program

Attendance Record

Program Name:

Program Date:

Facilitator:

Location:

| # | Name | Department | Position | Signature | Remarks |
|---|------|------------|----------|-----------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Facilitator

Date

Reviewed by