**Sales Product Training Record**

**Meeting Name:**

**Training Date:**

**Training Location:**

**Training Time:** (Enter start to end time range)

**UOC Products Covered:** (List all UOC Products covered)

**By signing your name below, you certify your attendance for the complete presentation referenced above and further acknowledge that you understood the content of the presentation and were given ample opportunity to have any questions answered to your satisfaction.**

**Printed Name: Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**I certify that I provided the above-referenced product training to the persons listed above on the date and time and at the location also referenced above.**

**Trainer’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_**