

Seminar Attendance Form for PHYS 522 (quantum optics and quantum photonics, spring 2014)

Student Name: _____ Department: _____

Seminar Series Title (eg. "Physics Colloquium", if known):

Seminar Date: _____

Seminar Location : _____

Speaker Name: _____

Seminar Title: _____

Host/organizer name (if signing form below): _____

Have either seminar speaker or host to sign the form after the talk to prove your attendance.

Speaker Signature: _____

Or

Host/organizer signature: _____