

Louisiana Psychiatric Medical Association

ATTENDANCE SHEET / MTG SUMMARY

Date: _____

Circle Chapter: New Orleans Baton Rouge North La Acadiana

Site: _____ Sponsor (if any): _____

Check ALL that apply:

___ Social ___ Educational ___ Organizational ___ Legislative ___ Other:

[NOTE: Now, Please Circle the ONE area (above) that was mtg's Main Focus.]

Liaison with any other Organization ? : Yes / No

If Yes, with which organization: _____ Contact Person: _____

ATTENDEES

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mtg: Brief Summary / Comments:

PLEASE FAX CHAPTER MTG REPORT TO:

LPMA : CHARLENE SMITH @ 1-504-891-1077

THANK YOU

Note: Use Reverse if necessary...for any other info.