



INTERNATIONAL®

EDUCATIONAL REPORT FORM

Chapter Name and Number: _____ State: _____

City: _____ Meeting/Presentation Date: _____

Yearly Theme: _____

Topic of this Program: _____

METHOD OF PRESENTATION (Check all that apply)

Member's Oral Report (name) _____

Guest Speaker (who/title) _____

Visual Aid Program (kind and type) _____

Field Trip (where) _____

Reference Listing (book or magazine) _____

Other (explain - internet, pamphlets, etc.) _____

SUMMARY: (Briefly summarize the program and attach a more complete narrative or outline stating all major points emphasized so the program can be fully understood.)

COMMENTS BY THE EDUCATIONAL CHAIR: (Value to chapter/community, general comments about the presentation and chapter discussion.)

CHAPTER EDUCATION CHAIR:

Name: _____

Address: _____

City: _____

State and Zip Code: _____

(Revised March 2003)

PLEASE SEND TO:

STATE EDUCATIONAL CHAIR:

Name: Pat Holtsclaw

Address: 137 Oakwood Dr

City: Stafford

State and Zip Code: VA 22554