

Speaker Trip Report

Thank you for assisting us with our visit program!

At your earliest convenience, please complete the form below and give a brief synopsis of your visit. Then save the report to your computer and send as an email attachment to:

Moaa-Council-and-Chapter-Affairs@moaa.org.

Name of Affiliate/Alias:

Event Location:

Date:

Event Type:

of Affiliate Members in Attendance:

of First Time Guests in Attendance:

National board member(s), council leader(s), other officials present:

Please rate the following on a scale of 1 to 5, with 5 being the highest:

Advocacy/Legislative Efforts (Federal, State, Local Levels) 1 2 3 4 5

Chapter Recruitment Efforts 1 2 3 4 5

Leadership 1 2 3 4 5

Community Involvement 1 2 3 4 5

Overall Health of Chapter or Council: Healthy Has Challenges Ailing

General Observations and Comments:

Submitted By: