



OTW Area Service Committee: H & I Report

Date: _____

Name: _____

Phone: _____

Facility Name: _____

Panel Members: _____

Meetings are held on _____ at _____ : _____ , _____ times per _____ .
day of the week time week or month

Number of panel members per meeting: _____

Number of attendees per meeting: _____

Number of meetings you have attended: _____

Topics discussed: _____

Names of guests/speakers if any: _____

Problems or concerns the subcommittee should be aware of:

Is there anything the Area Service Committee could do to further assist you in your service?
