

GVRDC Education Activity Report

Activity Name _____

Organizer _____ Date Held _____

Presenter/Clinician _____ Phone _____ Clinician Fee _____

Location _____

Fees: Member _____ Non-Mbr _____ No. of Attendees _____

Number new members join @ Activity _____

Educational Purpose - Brief Description:

Recommendations:

Submitted by: _____ Date _____

(Please attach any brochure, etc. and return completed form to: GVRDC, P.O. Box 499, Geneseo, NY 14454)