# Regional Committee Member Report
## Minnesota Regional Service Conference

**Area Information:**

Area Name: _____ Date: _____

Area Mailing Address: _____
Street Address City/Town State Zip Code

RCM Name: _____ Phone: ( )_____ Phone/email: _____

RCM Name: _____ Phone: ( )_____ Phone/email: _____

How many meetings are there in your area? _____

How many meetings participate in your Area Service Meeting? _____ (approximately)

Do you have a current meeting list? ___ Yes ___ No (if yes, please attach)

Is your area financially stable? ___ Yes ___ No (if no, please comment below)

Will you be passing on a donation to the region on behalf of your area? ___ Yes ___ No

If yes, please enter the amount of the donation $_____

Please mark the active subcommittees in your area:

____ Hospitals & Institutions (H&I) ____ Public Information (PI) ____ Executive Committee

____ Activities/Fundraising ____ Outreach ____ Literature

____ Policy ____ Helpline/Phoneline Other: _____

Ad hoc: _____ Ad hoc: _____

**Comments/Current Issues/Concerns/Questions/Problems:**

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Continue on back of form if necessary)

**Upcoming Area Functions:**

| Name of Function | Date/Time | Location | Contact/Phone |
|---|---|---|---|
| | | | |
| Name of Function | Date/Time | Location | Contact/Phone |
| | | | |
| Name of Function | Date/Time | Location | Contact/Phone |