



STUDY CLUB ANNUAL REPORT

December 20\_\_\_\_

Name of Study Club: \_\_\_\_\_

Chair of Study Club: \_\_\_\_\_

Phone/Email of Chair: \_\_\_\_\_

Executive Committee: \_\_\_\_\_

How many meetings did your Study Club have this past year? \_\_\_\_\_

**Meeting 1:** Date: \_\_\_\_\_

Length of meeting: \_\_\_\_\_

Topic and Description: \_\_\_\_\_

Course Objectives: \_\_\_\_\_

Speaker Name and Qualifications: \_\_\_\_\_

**Meeting 2:** Date: \_\_\_\_\_

Length of meeting: \_\_\_\_\_

Topic and Description: \_\_\_\_\_

Course Objectives: \_\_\_\_\_

Speaker or Presentation: \_\_\_\_\_

**(Continue on another sheet if more room is needed)**

If you did not have any meetings, what were the reasons? \_\_\_\_\_

What goals or plans does your study club have for the upcoming year? \_\_\_\_\_

**RETURN THIS FORM AND AN UPDATED MEMBERSHIP LIST TO CDHNS BY DECEMBER 31**