SGMP MONTHLY CHAPTER REPORT

Chapter Name _____ Month:_____

This document should be completed during a board meeting or monthly if no board meeting is held and then submitted to – SGMP Headquarters within 10 working days after the meeting. If any of the items below are checked as NO, please provide an explanation.

1. Monthly Board Meeting Held Yes No
2. Chapter Board complete (if changes attach updated sheet Yes No
3. Copy of Monthly Board agenda attached Yes No
4. Copy of Approved Minutes from the prior board meeting _____ attached Yes No
5. Copy of current Treasurer Report attached Yes No
6. Upcoming Monthly Education Program in progress or set Yes No
7. Program Title and Date_____
8. Speaker:_____
   Program Category (circle one) *1 **2 Other
   Recommended Speaker for National Conference Yes No
   If yes, is Bio attached? Yes No
9. Attendance at monthly chapter program/meeting
   Breakdown: Planners _____ Suppliers _____
   Guests Planners_____ Suppliers _____
10. Summary of Program Evaluations attached Yes No
11. Is Self Supplier freeze in place Yes No
12. Optional: Chapter community service activities in progress Yes No
13. Comments/Explanation

_____
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President Signature Date

Mail to:
SGMP Headquarters, 908 King Street – Lower Level, Alexandria, VA 22314
Fax No. 703-549-0708

*** Category 1 – Oriented toward Planner or Supplier meeting management services.**
**** Category 2 – Involves career or personal development.**