

CODE REGIONAL MEETING REPORT FORM

REGION: _____

LOCATION AND DATE OF MEETING: _____

CHAIRPERSON:

Name: _____

Phone #: _____

Address: _____

Fax #: _____

E-mail: _____

List of Attendees: Please complete the CODE Regional Attendees Form (enclosed at end of Agenda)

Suggested Agenda Items for Next Year:

LOCATION & DATE OF NEXT REGIONAL MEETING:

Name: _____

Phone #: _____

Address: _____

Fax #: _____

E-mail : _____

Date: _____

Please return all completed enclosures to Dr. Larry D. Haisch, National Director, UNMC
College of Dentistry;

40th and Holdrege Streets; Lincoln, NE 68583-0750.

Deadline for return: 30 Days post-meeting

Office: 402 472-1290 Fax: 402 472-5290 E-mail: lhaisch@unmc.edu

Also send the information on a disk and via e-mail with all attachments.

Please indicate the software program and version utilized for your reports.

