

**NYSANA EDUCATIONAL DISTRICTS ACTIVITY FORM**

**Educational District Name** \_\_\_\_\_

**Officers: Chairperson** \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone # \_\_\_\_\_

**Secretary** \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_

**Treasurer** \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone Number \_\_\_\_\_

Educational Meeting: Please list date of last meeting and include a flyer of the meeting or a brief description of the lecture.

\_\_\_\_\_  
\_\_\_\_\_

Attendance: CRNA \_\_\_\_\_ RN \_\_\_\_\_ Other \_\_\_\_\_

# from district \_\_\_\_\_ # from outside district \_\_\_\_\_

Plans for future meeting: Date \_\_\_\_\_ Topic \_\_\_\_\_

How can the NYSANA Board best serve you: \_\_\_\_\_

\_\_\_\_\_

This form is to be submitted to the NYSANA Educational District Chairperson annually in order to receive a stipend of \$200.00 per annum.

Signature \_\_\_\_\_ Date \_\_\_\_\_