

# COMMITTEE MEETING REPORT FORM

COMMITTEE: \_\_\_\_\_

CHAIRPERSON(S): \_\_\_\_\_

MEETING DATE: \_\_\_\_\_

MEETING TIME: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MEETING LOCATION: \_\_\_\_\_

MEMBER SIGN-IN:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOPICS DISCUSSED:

**In order to maintain our Accredited CLE Provider status, the Association office must file an annual report with the Illinois MCLE Board on an annual. This FULLY COMPLETED form must be turned in to the Association office in order for your committee to receive proper CLE credit. *No certificates will be issued until this form is received.***

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date