**SPEAKER TRIP REPORT**

**Thank you for assisting us with our visit program!**

At your earliest convenience, please complete the form below and give a brief synopsis of your visit. Then save the report to your computer and send as an email attachment to: Chapters@moaa.org or MOAA-Council-and-Chapter-Affairs@moaa.org.

**Name of Affiliate Council or Chapter/Alias: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Type: (i.e. Chapter Meeting, Business Meeting, Convention, Special Recruitment Event, etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of Affiliate Members in Attendance: \_\_\_\_\_\_\_\_\_**

**# of First Time Guests in Attendance: \_\_\_\_\_\_\_\_\_**

**National Board Member (s), Council Leader(s), or other officials present:**

**(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**------ Highlight in Yellow your selections below--------**

**Please rate the following on a scale of 1 – 5, with 5 being the highest:**

**Advocacy / Legislative Efforts (Federal, State, Local Levels): 1 2 3 4 5**

**Chapter Recruitment Efforts: 1 2 3 4 5**

**Leadership: 1 2 3 4 5**

**Community Involvement: 1 2 3 4 5**

**Overall Health of Chapter or Council (Highlight One):**

**HEALTHY / HAS CHALLENGES / AILING**

**General Observations and Comments (please use as much space as you need)**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**