Meeting Report Form – In Person

To receive points, submit within 30 days of the meeting. For compliance credit the form and attendance information must be submitted within 90 days of the event. Please complete the entire form, send the original to SCTE and keep a copy for your files.

Meeting Group/Chapter

Contact Person E-mail Address

Additional Chapters Participating

Event Title

Meeting Date Start Time End Time

Select all that apply to this event:

🞎 Vendor Day 🞎 Technical Session 🞎 Cable-Tec Games 🞎 Certification Testing

🞎 Webinar 🞎 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Location City/Office** |  |  |
|  Attendees |  |  |
|  Speaker(s) |  |  |
| **Total Attending** |  |  |

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| --- | --- | --- |
| **Location City/Office** |  |  |
|  Attendees |  |  |
|  Speaker(s) |  |  |
| **Total Attending** |  |  |

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| --- | --- | --- |
| **Location City/Office** |  |  |
|  Attendees |  |  |
|  Speaker(s) |  |  |
| **Total Attending** |  |  |

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| --- | --- | --- |
| **Location City/Office** |  |  |
|  Attendees |  |  |
|  Speaker(s) |  |  |
| **Total Attending** |  |  |

Submit a [roster of attendees](http://www.scte.org/SCTEDocs/Chapters/Attendance%20Sheet.pdf) to get full credit for the meeting/training.

 The roster should include the following information:

 Name Company Name Address Job Title Phone number E-mail address Member ID #

**Additional Matrix Points**

Did the chapter make a presentation about the **benefits of joining SCTE**? Yes 🞎 No 🞎

Did anyone **test** during the meeting? Yes 🞎 No 🞎

 Names

Was there an **interactive element** to the training? Yes 🞎 No 🞎

If so describe:

**Speaker Information**

To provide chapters with current speakers, we ask that you supply the following information:

**Speaker #1 Contact Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject matter:

Would you recommend this speaker? Yes 🞎 No 🞎

**Speaker #2 Contact Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject matter:

Would you recommend this speaker? Yes 🞎 No 🞎

**Speaker #3 Contact Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject matter:

Would you recommend this speaker? Yes 🞎 No 🞎

Please complete this form and return to SCTE at chapters@scte.org