



Professional Special Activities Report

Name: _____

Memberships (Check all that apply): **AAFS** **IAI** **MUFIA** **DDE**

Type (check all that apply): Meeting Workshop Seminar

Poster Research Publication Lecture

Other _____

Sponsoring Organization/Agency: _____

Topic/Title: _____

LOCATION: City, State: _____

Dates Attended: _____ through _____

Did you volunteer? **Yes** **No**

If published, provide reference and page number:

Description of Event: