

APPENDIX II



Chapter Meeting Summary

Chapter _____

Meeting Date _____

Meeting Location _____

ATTENDEE SUMMARY

Total Number of Attendees _____

Breakdown of Attendees

Out of your total attendees, please enter the number from each of the following categories:

Public Entity Attendees _____

Associates/Vendors _____

Speakers/Guests _____

No Shows

*People who registered in advance
and did not attend the meeting* _____

MEETING FINANCIAL SUMMARY

Income

Attendee Payments

Please enter payments from all paid attendees _____

Payments Pending

Please enter any payments owed but not received yet here. If no payments are pending please enter 0 here. _____

Sponsorship Income

Please enter any income from sponsorships here. If no sponsorship money was collected, please enter 0 here. _____

Other Income

Please list additional income from other than registration or sponsorship here. _____

Expenses

If you did not incur fees for all of the below, please enter a 0 in the appropriate field.

Room/Facility Rental Fees _____

Food and Beverage Fees _____

Equipment Fees _____

Gratuities Paid _____

Additional expenses (total)

If you incurred additional expenses in a category not listed above, please enter the total for those expenses here. _____

Additional expenses (description)

Please list here what your additional expenses were. _____

Additional documents

Please include any additional relevant documentation.

Your Name _____

The office you hold in your chapter _____

Your Email Address _____

Please send this report to:
PARMA
1 Capitol Mall, Suite 800
Sacramento, CA 95814
or
ed@parma.com
or
fax: 916-444-7462