

**MOUNTAIN AREA OF NA**  
**HOSPITALS & INSTITUTIONS PANEL LEADER REPORT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Are you a new Panel Leader? \_\_\_\_\_ If new, provide Phone & Email below:

\_\_\_\_\_

Facility Name: \_\_\_\_\_

Meeting Description: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Facility Contact Name: \_\_\_\_\_

Day(s): \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s): \_\_\_\_\_ Panel Size: \_\_\_\_\_

Panel Members: \_\_\_\_\_

\_\_\_\_\_

Average Client Attendance per meeting: \_\_\_\_\_

Literature Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Meeting Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_