

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

Any Trusted Servant Changes? [    ]

**MOUNTAIN AREA OF NA**  
**HOSPITALS & INSTITUTIONS SUBCOMMITTEE REPORT**

Chair: \_\_\_\_\_ V.Chair: \_\_\_\_\_ Secty: \_\_\_\_\_

Panel Coord: \_\_\_\_\_ Lit. Coord: \_\_\_\_\_

Meetings Supported

1) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

2) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

3) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

4) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

5) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

6) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

7) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

Attach additional reports, information, or fliers

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

Any Trusted Servant Changes? [  ]

8) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

9) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

10) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

11) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

12) Facility: \_\_\_\_\_ City: \_\_\_\_\_ Day/Time: \_\_\_\_\_

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

Ave. Attendance: \_\_\_\_\_ Meeting Needs: \_\_\_\_\_

How can MASC support you better? \_\_\_\_\_

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Next Subcommittee Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

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Attach additional reports, information, or fliers