



# November 15 Committee Coordinator Report

Fiscal year 20\_\_ - \_\_  
Appendix K

Coordinator: \_\_\_\_\_

NADE Membership Number: \_\_\_\_\_ Date: \_\_\_\_\_

Save this blank form to a disk or your hard drive and then complete it on your computer by inserting your responses (available space will expand as you insert information). Once you've completed this form, save it and email it to the NADE President-elect.

1. A detailed description of the contacts with Committee Chairs since the annual conference including their projects, requests for help, and/or recommendations for their continued activities
2. Summary of budget reimbursements
3. Goals accomplished
4. List of Committee Chairs eligible for conference fee waivers
5. Assistance needed from NADE
6. Other information to share with NADE Executive Board
7. Does the NADE Leadership Directory ([www.nade.net](http://www.nade.net)) accurately reflect your name and contact information?  
\_\_yes \_\_no If not, please attach updated information.
8. Provide a list of current Committee Chairs and verification of NADE membership.

**Email this form to the NADE President-elect.**