



November 15 SPIN Coordinator Report

Fiscal year 20__ - __
Appendix P

Coordinator: _____

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. Then send it to the NADE President as an email attachment.

1. A detailed description of the contacts with SPIN chairs since the annual conference including their projects, requests for help, and/or recommendations for their continued activities
2. Summary of budget reimbursement requests, if any
3. List of SPIN Chairs eligible to receive fee waiver for annual conference
4. Status of goals for the year
5. Assistance needed from NADE
6. Other information to share with NADE Executive Board
7. Does the NADE Leadership Directory (www.nade.net) accurately reflect your name and contact information?
___yes ___no If not, please attach updated information.
8. Provide a list of current SPIN Chairs and verification of their NADE membership.

Email this form to the NADE President.