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**Quarterly Program and Attendance Report Form
 Michigan ENCARE Institute Chairpersons (EIC's)**

Your Name: _____ **Chapter:** _____ **County** _____
Address _____ **Telephone** _____
Email: _____

*Name of Program /subject Description	*Date Presented	Organization	# of times presentation repeated	*# of Participants	*Presenter(s)	School district	County

Total Number of Participants: _____ **Total Number of Presentations:** _____

Comments/Suggestions: _____

* National requested information./ may report in excel by using column heading/ feel free to fax/email/mail. Type or hand written/ extend the length.
 Please return this form via E-mail mienicare@wideopenwest.com or fax 586-465-5194 Thank you