

**MAAL-SIGs**

*Making It Happen*

**ACTIVITY REPORT FORM**

**(after the activity)**

# Submit the completed form to the MAAL-SIG Coordinating Team/Committee at: maalsig1@gmail.com

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| --- | --- |
| Name of SIG: |  |
| Name of SIG Head: |  |
| Name of activity: |  |
| Date of activity: |  |
| Time of activity: |  |
| Venue of activity: |  |

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| --- |
| Summary of Activity |
| [*Provide a summary of the activity. Pictures taken during the activity can also be included.*]  |

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| Feedback on Activity |
| [*Provide a summary of the feedback received with regard to the activity.*]  |

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| Signature of Head |
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