

**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](about:blank)

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

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

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

|  |
| --- |
| Signature of Head |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date(Head of SIG)E-mail address:Phone contact number: |