

FIRST TIMER'S VERIFICATION / REFLECTION FORM

Attach this completed form to Reimbursement Request Form

Name _____ Chapter/District _____ DATE OF EVENT _____

Circle one: International Convention (Even Years) International Conferences (Odd Years)

Please complete following form including reflections. Expand form as needed for space or continue on another page.

	Title/Time	Reflection
First timers' Event		
General Session(s)		
Workshop 1		
Workshop 2		
Workshop 3		
Luncheon/Banquet		

First-time attendee's Signature

Date Submitted