

# SDIAIC - New Meeting Information Sheet

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Institution Served: \_\_\_\_\_

Address: \_\_\_\_\_

City/ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## Contacts –

Person in Charge: \_\_\_\_\_ Phone: \_\_\_\_\_

Our contact person \_\_\_\_\_ Phone: \_\_\_\_\_

Day of Meeting: \_\_\_\_\_ Time: \_\_\_\_\_

SDIAIC Coordinator: \_\_\_\_\_

Phone: \_\_\_\_\_

## Panel Members:

**First** \_\_\_\_\_  
Leader Name Phone Number E-mail address

**Second** \_\_\_\_\_  
Leader Name Phone Number E-mail address

**Third** \_\_\_\_\_  
Leader Name Phone Number E-mail address

**Fourth** \_\_\_\_\_  
Leader Name Phone Number E-mail address

**Fifth** \_\_\_\_\_  
Leader Name Phone Number E-mail address

Date of first meeting: \_\_\_\_\_