



**ABPANC LEADER RESOURCE TEAM ACTIVITY REPORT**

**YOUR NAME:**

***AFTER EACH EVENT/EXHIBITING ACTIVITY YOU PARTICIPATE IN TO PROMOTE ABPANC'S CPAN® AND CAPA® CERTIFICATION PROGRAMS, PLEASE COMPLETE THIS FORM. THIS INFORMATION WILL BE REPORTED TO THE ABPANC BOARD OF DIRECTORS. EMAIL THIS FORM TO ZELDA WILLIAMS, YOUR ABPANC STAFF LIAISON AS FOLLOWS: [Zwilliams@proexam.org](mailto:Zwilliams@proexam.org). MAINTAIN A COPY OF THESE REPORTS SO THAT YOU CAN SUMMARIZE YOUR ACTIVITIES ON THE ANNUAL REPORT FORM.***

**DATE OF EVENT/EXHIBITING ACTIVITY:**

**NAME OF EVENT/EXHIBITING ACTIVITY/COMPONENT:**

**MEETING PLACE (CITY/STATE):**

**# OF MEETING PARTICIPANTS:**

**NAME OF ABPANC PRESENTATION GIVEN (if applicable):**

**DID ABPANC PAY ANY COMPONENT FEES TO ATTEND: \_\_\_ YES \_\_\_ NO**

**ISSUES/CONCERNS/COMPLAINTS/FREQUENTLY ASKED QUESTIONS IDENTIFIED:**

**THANK YOU FOR YOUR COMMITMENT TO CPAN® AND CAPA® CERTIFICATION!**

**(Please identify in the space below any change(s) in your contact information, i.e., change of address, email, phone number)**