ZONE/D.C. ASSOCIATION VISITATION REPORT

Zone Association:_		
Decentralized Asso	ciation:	
Secretary's Signatu	re:	
Contact Per	son:	
Business Te	elephone: ()	
Home Telep	ohone: ()	
	rovincial Board of Directors to attend an Association Board Moo answer any question or concerns you may have regarding	
We would like to be con	tacted to set -up a visitation by the O5PBA Board of Direc	ctors (Yes or No):
DEADL	INE FOR SUBMISSION: SUNDAY, NOVEMBER	9 TH , 2003
	MEETING #1	
Date:	Location:	
	MEETING #2	
Date:	Location:	
	MEETING #3	
Date:	Location:	
	MEETING #4	
Date:	Location:	

Please complete the date and location for all four of the above meetings.

ZONEVIS.INC 09/24/2003