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| Committee: |  | | Meeting Date: | |  |
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| Committee Chair: | |  | Reporting Date: | |  |
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| AVVA Advisor: | |  | Title: |  | |

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| **Report:** ( state the actions of this committee, any action asked of AVVA, any legislative information, and committee goals) |
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COMPLETE THIS FORM AND SEND TO THE NATIONAL VICE-PRESIDENT WITHIN 15 DAYS OF YOUR MEETING