

Representative Activity Planning and Reporting

(This Activity Report is to be completed bi-annually by each state/area/province/country representative and submitted to the Representative Liaison by February 15 and July 15 of each year.)

State/Area/Province/Country _____

(Check Applicable Dates)

February – July ___ July – February ___

Current Year _____

Representative Name (Please Print) _____

Representative Signature _____ Date _____

ICES Chapter or S/A/P/C ICES # of current ICES members _____

ICES Chapter or S/A/P/C ICES Activities Past Quarter

Activities	Date(s)	Details -classes offered, teacher, etc.	# Attendance-Students	
			S/A/P/C	Non ICES
Days of Sharing/Meetings				
Hands on Workshop/Classes				
Cake Show				
Other Activities Ex, 2 day classes or weekend of sharing etc.				

Date of last ICES Chapter or S/A/P/C ICES Newsletter sent to your membership _____

ICES Chapter or S/A/P/C ICES Activities Planned for next quarter

Activities	Date(s)	Details -classes offered, teacher, etc.
Days of Sharing/Meetings		
Hands on Workshop/ Classes		
Cake Show		
Other Activities Ex, 2 day classes or weekend of sharing etc.		

Date of next ICES Chapter or S/A/P/C ICES Newsletter to send to your membership _____

ICES Chapter or S/A/P/C ICES website _____ No Website _____

Do you have any special events not listed in the table above planned over the next 12 months? ___ Yes ___ No
If yes, please give a description of the event(s) and the proposed date(s) or timeframe(s).

Do you need any assistance at this time from the Representative Liaison to help you promote ICES in your area? ___ Yes ___ No

If yes, please specify what you would like for the Representative Liaison to assist you with.

****ATTACH COPIES OF ALL NEWSLETTERS OR NOTICES MAILED OR EMAILED TO YOUR MEMBERS IN THE PAST MONTH.**