

Person completing report: \_\_\_\_\_

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

### PA-BCERF MEETING MINUTES FORM

*Instructions: Please complete each question fully. Submit completed form within two weeks after the meeting to the NALIC/PA-BCERF office. If you have questions, call (814-863-8693). Thank you!*

Group name: \_\_\_\_\_

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

Next meeting date: \_\_\_\_\_

Type of meeting:

Regular Coalition Meeting/Clinic PA-BCERF Committee Meeting

Committee/Subcommittee Meeting *please specify name of committee*

\_\_\_\_\_

Other Type of Meeting, *please specify*

\_\_\_\_\_

Location of meeting: \_\_\_\_\_

Name of chair/facilitator \_\_\_\_\_

Name of secretary/recorder: \_\_\_\_\_

Time meeting started: \_\_\_\_\_

Time meeting ended: \_\_\_\_\_

Were minutes from the previous meeting reviewed?

Yes

No

-OVER-

*PA Breast Cancer and  
Environmental Risk Factor Project  
April 21, 2000*

**Topics discussed at meeting: *Please list each topic; include relevant background information (such as location, dates, and key players). Also, include discussion of committee meetings reports.***

---

*For example: Topic #1. Update Report from PA-BCERF Media Promotion Committee.*

*Topic #2. PA-BCERF Health Fair Display held at Community Building on June 17, 2000.*

**Please attach to completed form:**

- (1) Meeting Attendance List,**
- (2) Agenda (if available),**
- (3) Minutes from previous meeting,**
- (4) Handouts from meeting,**
- (5) Completed Activity Reports, and**
- (6) Publications/Media**

*PA Breast Cancer and  
Environmental Risk Factor Project  
April 21, 2000*