Champion End of Year Review Form

|  |  |
| --- | --- |
| **Name** |  |
| **Employer Name****Street Address****City, State, Zip Code** |  |
| **Phone Number** |  |
| **Email Address** |  |

|  |
| --- |
| Champion Self-Reporting of Activities |
| (Indicate at least two activities as required to maintain status as a Champion)  |
| 1. Authored an article for a publication at the local level
 |
| Date | Name of article | Publication |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Spoke or identified a speaker for a professional or state society event
 |
| Date | Speaker | Event |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Displayed credential materials at a state society or local event
 |
| Date | Materials Displayed | Event |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Held a networking event in your city/state
 |
| Date | Topic | # of Attendees |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Presented to CPAs, attorneys, or other professionals
 |
| Date | Topic | Event |
|  |
|  |
|  |
| Suggestions for new champions |
| Name | Email | Phone Number | State |
|  |  |  |  |
|  |  |  |  |
| Comments or Suggestions |
|  |

**Please send completed form to** **Iesha Mack****.**