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2	Iowa Society of Medical Assistants
2 3 4 5	(name of officer or committee) Report
4	Executive Board Meeting
	(place of meeting)
6 7	(date of meeting)
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10	(your report goes here)
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23	
24	Submitted (date author submits this report)
25	(officer or committee name, credential)
26	(name of chapter office, ie President)
27	(name of attached documents if needed for this report)