



WNIRNA PISC



AREA PI INFORMATIONAL/DATA REPORT FORM

NAME OF AREA: _____

YOUR NAME & POSITION: _____

AREA PI OFFICERS: Do you have a?:

Chair: Yes ___ No ___ Vice Chair: Yes ___ No ___ Rec. Sec.: Yes ___ No ___

NUMBER OF ACTIVE SUBCOMMITTEE MEMBERS: _____

MEETING TIME & LOCATION: _____

HOW DOES THE PUBLIC CONTACT PI IN YOUR AREA? _____

WHAT IS YOUR MONTHLY BUDGET? _____

CURRENT PROJECTS AND/OR ACTIVITIES (use back if necessary):

PROBLEMS AND/OR SITUATIONS: _____

HOW CAN REGIONAL PI SUPPORT YOUR AREA? _____

Does your area PI hold a regularly scheduled orientation? Yes ___ No ___

Does your area PI work with other areas? Yes ___ No ___

Does your area PI print meeting schedules? Yes ___ No ___

Does your area have PI guidelines? Yes ___ No ___