



**ORGANIZATION FOR HUMAN BRAIN MAPPING
REGIONAL CHAPTER & SPECIAL INTEREST GROUP
SELF ASSESSMENT ANNUAL REPORT**

Regional Chapter/Special Interest Group (SIG) Name:

Please list the slate of Officers for the Regional Chapter/SIG including their term dates:

POSITION	NAME	Start	End
Chair			
Chair-Elect			
Chair, Past			
Secretary			
Secretary-Elect			
Secretary, Past			
Treasurer			
Treasurer-Elect			
Treasurer, Past			

Plans for Next Officer Elections:

Total Current Chapter/SIG Members:

Is this number more or less than the previous report? Please describe the main reason for any increase/decrease in membership.

Number and description of meetings/activities held since the last report:

- Leadership
- Membership
- Social

List the most successful activities this past year:

List the Chapter/SIG goals that were not accomplished:

List the Chapter/SIG strengths and most notable achievements:

Best practices the Chapter/SIG wishes to share with other Chapter/SIGs:

Does the Chapter/SIG have a website? If so, please list the URL and confirm that it is current and complete.

Please email this completed form by May 1st of each year. Questions regarding the report, contact JoAnn Taie, Executive Director at joanntaie@llmsi.com.