VRSC REPORT FORM

Report Date: _____

Area/Subcommittee: _____

Report presented by: _____

Name of RCM/Subcommittee Chair: _____

Name of Alternate RCM/Subcommittee Vice-chair: _____

REPORT:

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Minutes from this month's VRSC meeting should be mailed to: **Please include full name and address each month to help ensure your area or subcommittee receives VRSC Minutes.*

Service position: _____
Name: _____
Address: _____
City: _____
State: _____ ZIP: _____
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