

MPA Programs & Speakers Report

MPA Chapter: _____

Program Title: _____

Date Presented: _____

Speaker:

Name: _____

Contact Information:

Address: _____

Email: _____

Phone: _____

Brief Description of the program: _____

Comments: _____

Is this speaker willing to travel to other chapters to give this program?

Please return this information to Jo Ann Johnson at

JoAnn@mopilots.us or jnjohn1@charter.net

Or you can mail it to Jo Ann Johnson

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St. Louis, MO 63122