

**FORM THREE (3)**  
**ATTENDANCE REPORT FOR DISTRICT MEETINGS**

*(Present information toward the end of the District Meeting  
and then give final report to the TAHV First Vice President)*

**DISTRICT** \_\_\_\_\_ **MEETING DATE** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**HOSTED BY:** \_\_\_\_\_

Healthcare Volunteer Group

**Number of Hospital Volunteers Present:** \_\_\_\_\_

**Number of Other Healthcare Volunteers Present:** \_\_\_\_\_

**Number of TAHV Board Members Present:** \_\_\_\_\_  
(Include Traveling Trio Officers)

**Number of TAHV Past Presidents Present:** \_\_\_\_\_

**Number of DVS/Volunteer Coordinators Present:** \_\_\_\_\_

**Number of Hospital Administrators Present:** \_\_\_\_\_

**Number of Other Healthcare Administrators Present:** \_\_\_\_\_

**Guests Present:** \_\_\_\_\_

**TOTAL ATTENDANCE** \_\_\_\_\_

**Number of Hospitals Represented:** \_\_\_\_\_

**Number of Other Healthcare Organizations Represented:** \_\_\_\_\_  
(Nursing Homes, Hospices, etc.)