Report must be submitted to JOOI Club Department no later than September 30.

<b>District Conference/Distr</b>	ict Officer Re	port	
vistrictDate(s) of Conference:			
Location:	Date of Report:		
Chairperson:			
Address:			
City:	State/Prov: ZIP/Postal Code:Country:		
Telephone: ( )	Fax Number: ( )		
E-Mail Address:			
Agenda		Facult	V
General Sessions:	Conducted By		
	Conducted By: Ti		
	Conducted By: Ti		
* An attached copy of the Conf			
Budget		Numb	er of Clubs Attending
Registration (income):	Expenses:		Octagon:
Was registration charged ☐ per C			ptimist:Adults:
If so, how much was charged:	·		
Election Results (Use an addi	tional sheet of	paper if necessary)	
Governor:			
Address:			
City:			Country:
Telephone: ( )	E-Mail Address:		
Club Name and Number:			
Secretary/Treasurer:			
Address:			
City:	Stato/Prove	ZIP/Postal Code: _	Country:
-	E-Mail Address:		•
Club Name and Number:			
Lt. Governor:			
Address:			
City:	State/Prov:	ZIP/Postal Code:	Country:
		E-Mail Address:	
Club Name and Number:			
It Governor			
Lt. Governor:			
Address:			
City:			
Telephone: ( )			
Club Name and Number:			