

SANTA CLARA COUNTY REGIONAL OCCUPATIONAL PROGRAM- SOUTH

SCHOOL YEAR _____

**ADVISORY COMMITTEE INFORMATION SHEET
FOR INDIVIDUAL MEETINGS**

Instructor's Name: _____
(or names, if this is a joint committee meeting being held and list applies to more than one instructor).

Course Title: _____

Site Address: _____

Location of Meeting: _____

Date of Meeting: _____

COMMITTEE MEMBERS YOU HAVE INVITED OR SURVEYED:

Name: _____	Title: _____
Company: _____	Address: _____
Phone: _____	E-mail: _____
Name: _____	Title: _____
Company: _____	Address: _____
Phone: _____	E-mail: _____
Name: _____	Title: _____
Company: _____	Address: _____
Phone: _____	E-mail: _____
Name: _____	Title: _____
Company: _____	Address: _____
Phone: _____	E-mail: _____

Submit this sheet, at least two (2) weeks prior to meeting, to Director, SCROP or Directors' Secretary. If you have questions regarding Advisory Committee meetings, please feel free to contact the ROP Director or ROP Coordinator.