

# NCCCR MEMBER SUGGESTION FORM

My Suggestion:

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*continue on the back if necessary*

Is your suggestion related to:

Facility  Café or Coffee Bar

Existing Program: CFS  LAS  CREW  BRN  Other  \_\_\_\_\_

New Program SIG  Event  New Course

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Your e-mail address \_\_\_\_\_

Your Phone Number \_\_\_\_\_

Are you willing to participate in the realization of your suggestion? YES  NO

Your suggestions are welcomed and will be carefully reviewed by the appropriate committee member(s).

I would like to receive a formal response by:

e-mail (preferred)  phone  mail

For mail response please confirm your mail address below:

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Fold in four and drop in the Suggestions Box at Reuter Cente