



## LAM Liaison Regional Report

*To be submitted after every meeting*

Date: \_\_\_\_\_

Region: \_\_\_\_\_

Liaison(s) or Area Lead: \_\_\_\_\_

Meeting Topic and Speakers: \_\_\_\_\_

Type:  Educational Meeting

Informal Gathering

Total Number in Attendance: \_\_\_\_\_ **LAM Patients**    \_\_\_\_\_ **Family/Friends**    \_\_\_\_\_ **Professionals**

Please comment on your Liaison activities and the meeting/gathering above. Please let us know if there are new ideas, questions, or follow-up tasks that require the attention of The LAM Foundation.

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Thank you!

Signed:

\_\_\_\_\_  
LAM Liaison Signature

\_\_\_\_\_  
Date