NAME_		
	(Please print name clearly)	

REPORT OF HUMAN RELATIONS EXPERIENCE

(Contact with Leadership - 25 hours)
PART A

Please indicate below the requisite information relative to the seminars, symposiums, and speeches of representatives of, and advocates for, minorities-special children-low income people.

NAME OF PROGRAM		
NAME OF SPEAKER (S)		
		NO. HOURS
NAME OF PROGRAM		
NAME OF SPEAKER (S)		
DATE	PLACE	NO. HOURS
NAME OF PROGRAM		
NAME OF SPEAKER (S)		
DATE	PLACE	NO. HOURS
NAME OF PROGRAM		
NAME OF SPEAKER (S)		
		NO. HOURS
NAME OF PROGRAM		
NAME OF SPEAKER (S)		
DATE	PLACE	NO. HOURS
NAME OF PROGRAM		
NAME OF SPEAKER (S)		
DATE	PL ACE	NO HOURS