

# COMMITTEE GOALS



## GOAL #3 & 4 - EVENT SUBMISSION FORM

_____	_____	_____
Committee Name	Committee Number	Date

### EVENT INFORMATION:

**Type of Event:**

- #3 CTE Capital or Resource Event
- #4 CR Talent Crisis Initiative

**Event Description:**

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### PARTICIPATING COMMITTEE MEMBERS

COMMITTEE MEMBER NAME	OFFICER Y/N

Submit this completed Committee Goal form by uploading it to the Committee Portal.