



NATIONAL SPASMODIC DYSPHONIA ASSOCIATION

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SUPPORT GROUP ACTIVITIES SHEET

*This sheet is used to maintain a record of the activities sponsored throughout the year. To help prepare a summary for the year, please use separate log for each activity or meeting. **Please print clearly or type.** Thank you for helping us keep accurate records.*

Date of activity

Name of activity leader

Location of activity (please include city/state)

Type of activity:

___ Support group meeting

___ Support group meeting with speaker/presentation: please specify below:

Name/title of speaker

Topic

Brief Description of activity:

Signature

Date

Please choose one and provide a brief description below:

___ Education/outreach

___ Fundraising activity

___ Media campaign

___ Other: _____

Approximate number of people attending or being served: _____

Please complete and return to:
National Spasmodic Dysphonia Association
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Itasca, IL 60143
Phone: 800-795-6732
E-mail: NSDA@dysphonia.org