



## ASSH CHAPTER MINUTES

**Chapter (*please circle*):** SE-QLD, NSW, VIC, SA, WA, TAS, NT, ACT

**Name of Convenor:** \_\_\_\_\_

**Date of Chapter Meeting:** \_\_\_\_\_

**Starting Time:** \_\_\_\_\_

**Finishing Time:** \_\_\_\_\_

**Attendees:** \_\_\_\_\_

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**Business of Meeting:** \_\_\_\_\_

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Please email this form within two weeks of the meeting to:

Dr Bernard Whimpress  
ASSH Chapter Liaison Officer

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