

AG Bell MD Chapter Survey

Name: _____

Address: _____

Phone: _____

Email: _____

Do you feel there is a need/purpose for a MD chapter of AGBell?	Yes	No
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Do you think there needs to be more opportunity for getting to know others, either as a parent or professional?	Yes	No
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List any type of events you would like to see from your MD Chapter:

How far would you be likely to travel to events or meetings?

What days/times would be most convenient for functions?	
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Could you participate in organizing events?	Yes	No
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In what capacity can you help?	
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Would you like to be contacted regarding future events?	Yes	No
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What form of contact do you prefer?	phone	email	mail
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Suggested information:
Name / Age of Child / Gender / Extent of Hearing Impairment

Please mail or fax completed survey to:

Attn: Kim Bell, SPEECH PATHways
FAX: 410-374-8620
Westminster Professional Center
532 Baltimore Blvd., Suite 403
Westminster, MD 21157