

**TWIN RIVERS CAREER & TECHNICAL
EDUCATION AREA**

8/16

**ADVISORY COMMITTEE MEMBERS
20____ – 20____**

(SCHOOL NAME) (PROGRAM TITLE)

Please provide the following information for your program area advisory committee. We will maintain this in our files and you will need to maintain a current copy in your files. Please submit this to the Twin Rivers office as soon as possible in the Fall.

NAME _____ OCCUPATION _____
ADDRESS _____, _____, _____
Street city zip
PHONE (work) _____ (home) _____
EMPLOYER _____

NAME _____ OCCUPATION _____
ADDRESS _____, _____, _____
Street city zip
PHONE (work) _____ (home) _____
EMPLOYER _____

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EMPLOYER _____

[Make additional copies if needed]

Instructor(s)