

Alpha Epsilon Delta Biennial Report of Chapter Activities January 1, 2022- December 31, 2023 45th Biennial Convention March 14-16, 2024

Chapter Name- (State/Greek Letter):				
Region #:		Chapter Size:	For Con	y -Maximum
		n requested information. Preview ail to the national office.	Committee Review: Points	
			Possible	Awarded
Introduction			NA	NA

Chapter Name- (State/Greek Letter):			
Region #:	Chapter Size:	For Cor Use On	vention ly
		Possible	Awarded
Part 1		10	
Service to the College/University			
Part 2		10	
Service Programs Outside the College/University			
,			

Chapter Name- (State/Greek Letter):		
Region #:	Chapter Size:	For Convention Use Only
		Possible Awarded
Part 3		
Service to the Pre- Professional Student		
A. Lectures, speakers, medical films, multimedia presentations, external		35
programs, volunteer work in		
hospitals, etc.		

Region #:	Chapter Size:	For Convention Use Only
	I	Possible Awarded
B. Visits to professional schools, hospitals, clinics, etc.		10
C. Peer instruction and counseling (tutorials, academic advisement, "Big Brother Programs", MCAT review, study aids, etc.		10
D. Chapter publications (Handbooks, guides, newsletters, etc.)		5

Chapter Name- (State/Greek Letter):			
Region #:	Chapter Size:	For Conven Use Only	ition
		Possible	Awarded
E. Awards and scholarships presented by the chapter to promote excellence in health-related preprofessional education.		5	
Part 4 Communication		5	
Part 5 Initiation Activities and Social Events		5	

Chapter Name- (State/Greek Letter):				
Region #:	Chapter Size:		For Convention Use Only	
			Possible	Awarded
Conclusion:			NA	NA
Include all fundraising activities-specify for what purpose, how it was used/dispersed, if you would recommend it to another chapter why or why not				
Part 6			5	
Overall Report:				
Comments/notes (To be completed by the Convention Activities Committee)				
		TOTAL	100	

Chapter Name-	(State/Gro	eek Letter):			
Region #:		Chapter Size:		For Conv Use Only	
	Ch	napter Statistics/Fi	nancial Repo	ort	
Chapter Advisor's Name					
Members Initiated:		Number (#) of Mei	mberships: Student -	+ Honorary	
2022/2023 (2 yr. Period)	(Affiliate-Cl		(Honorary)	(Total)	National #
	0	0	0	=	
Financial Report Summary	Revenues	Itemized Descriptions			\$
				Revenue Subtotal=	
Items categorized	Expenses	Itemized Descriptions			
				Expense Subtotal=	\$
		Ending Year Accour	nt/s: Balance as of D	ecember 31, 2023	\$

Required Signatures	Chapter Treasurer's Signature
	Chapter Historian's Signature
	Chapter Advisor's Signature

The **Biennial Report of Chapter Activities** must be completed by each chapter attending the convention and submitted to the **AED National Office no later than February 15th, 2024**.

Please keep a copy of the entire report including the signature page for your chapter records.

AED National Office-TCU Box 298810-Fort Worth, TX 76129 Telephone 817-257-4550 Email: aednationaloffices@tcu.edu