

new season new vision



LUNCH AND LEARN INFORMATION SHEET

ORGANIZATION NAME: _____

ORGANIZATION ADDRESS: _____

NUMBER OF ATTENDANTS: _____

IS YOUR ORGANIZATION MIXED GENDER: YES NO

TOP 3 AREAS OF STRENGTH / AND CHALLENGE FOR YOUR ORGANIZATION: _____

LUNCH: PROVIDED BY ORGANIZATION PROVIDED BY NEW SEASON NEW VISION

ROOM SETUP DISCRIPTION: _____
