



**Conference Gathering  
Report**

Conference: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Theme: \_\_\_\_\_

# of Attendees: \_\_\_\_\_ # of Churches Represented: \_\_\_\_\_

Keynote Speaker: \_\_\_\_\_

Outreach Speaker/Projects: \_\_\_\_\_

Business Meeting/Election of Officers or Conf Leaders: 'See Attached Minutes'  
'See Attached Treasurer's Report'

Registration Fee: \_\_\_\_\_ Registration Fees Collected: \_\_\_\_\_

LOVE Offering: \_\_\_\_\_

Worship Offering: \_\_\_\_\_

NOTES/COMMENTS: \_\_\_\_\_

\_\_\_\_\_

**Submit Report with Attachments to:**

**President,** Myrna Wells-Ulland, 9686 E. Preserve Way, Scottsdale, AZ 85262

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**Treasurer,** Debbie Romboletti, 1111 Heaton Ave, Henderson, NV 89052

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