



Journal of Test  
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## ITEA CHAPTER NEWS SUBMISSION FORM

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**Chapter Name:** \_\_\_\_\_

**Date of Meeting/Event:** \_\_\_\_\_

**Location of Meeting/Event:** \_\_\_\_\_

*(Please include facility/location name, city/state/country)*

**Guest Speaker(s):** \_\_\_\_\_

*(Please include full name [first, MI, last], company/organization, position title,  
city/state/country. If military, please include full name [first, MI, last], rank, branch  
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**Summary of Meeting/Event:** *(Use space provided below. Generate additional pages if needed for  
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- Identify each person in photos by full name, using directionals (left to right, etc.).
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