



Comprehensive Induction Program

Year Three

Meeting Schedule for Team _____

| Meeting # | Date | Time | Location | Facilitator | Chapter |
|-----------|------|------|----------|-------------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
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| 11 | | | | | |
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