



**South Carolina Women of the ELCA  
Conference Meeting/Event Report**  
*(to be completed by Conference Secretary)*

Conference Name \_\_\_\_\_

Meeting Place \_\_\_\_\_

Date and Time \_\_\_\_\_

Number of Units in Attendance \_\_\_\_\_ Number of Units in Conference \_\_\_\_\_

Total in Attendance from Units \_\_\_\_\_

Board Members Present \_\_\_\_\_

Pastors/Guest Present \_\_\_\_\_

Total Attendance \_\_\_\_\_

New Officers Elected    yes \_\_\_\_\_ no \_\_\_\_\_

*If yes fill out Conference Leaders Form and send copy to SWO Secretary*

Next Meeting/Event Date and Time \_\_\_\_\_

Location \_\_\_\_\_

Summary of Meeting/ Activities or attach agenda

Comments/Questions/Concerns

*Mail Copy to the SC WELCA Synodical Secretary*  
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**Phone: 843-409-5592 email:kipcorp07@aol.com**