**Referral Transfer Form**

Original Committee Referral Name:

Original Referral Number:

Name of person making the Referral:

**Referral Subject (summarize please):**

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**To the Conference Committee Referrals Coordinator**

**Please transfer this Referral to the following Conference Committee or Service Body\***

**\*Note:** *your Committee can only select one Committee or Service Body to refer this item to***:**

\_\_\_Archives \_\_\_Convention \_\_\_Conference \_\_\_H&I \_\_\_PI \_\_\_Unity

\_\_\_LCF \_\_\_ S&B \_\_\_Finance \_\_\_IT \_\_\_WSOB \_\_\_WSBT

**Please detail here why you are making this referral transfer:**

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Thank you.

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Committee Chair signature date

Contact Phone Number for questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conference Committee Use Only:

Transfer request – master referral log date:

Transfer date:

Revised referral number: