

ARTICLE 8 TASK FORCE IDEA SHEET

Name (please print):				
Phone #:	Region #:	Branch #:		
Branch officer? YES NO	If yes, what offi	ce?		
Installation:	stallation: Delivery Unit:			
	State	Name	Zip Code	
Are you interested in your delivery unit participating as an Article 8 test site?				
YES		NO		
Please describe your ideas separately for any of these topics:				
(Additional space on reverse side if needed)				

