

# AMERICAN COUNCIL ON ADDICTION AND ALCOHOL PROBLEMS

## State Affiliate Report Form for 2017-2018

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Executive Officer \_\_\_\_\_

### Highlights of Legislative Activity

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### Highlights of Educational Activity

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### Other Highlights

(Major emphasis, special projects and/or noteworthy events)

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### Areas of Expertise to Share with ACAAP Affiliates

(Technical Assistance, Online Programs, Brochures)

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(Use back of page to complete form and for other comments.)