

# EMERGENCY WORK PLAN MEETING

August 8-9, 2023

Beau Rivage; Biloxi, Mississippi

Organization Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

Attendee Name: \_\_\_\_\_

How many will be attending dinner with the group:

\_\_\_\_\_

After completion, please send the form back to JoAnna Sumrall.

[adcock@ecm.coop](mailto:adcock@ecm.coop)