



PRESENTING SPONSOR:
OHIO MUTUAL INSURANCE GROUP

LEADERSHIP IN ACTION
Date:

Agenda

➔ Leadership in Action Planning Team:

➔ Topic:

➔ **Location(s):** Building Name/Business Name & Address

Please plan your transportation to the following locations. You may also arrange your own carpool.

➔ **Time | Agenda Item**

Example: 8:45 a.m. | Arrival & Breakfast

Important Information: (i.e. appropriate clothing & shoes, pen & paper, etc.)