

Corps Community Month Pre Event Instrument

1. What is the title of your event (or activity)? * *
 2. Description of event (or activity) * *
 3. Which best describes your event (or activity)? * *
 4. When will your event (or activity) take place? All events should take place during the month of October 2015. (ex: October 10, 2015) * *
 5. What time will your event start? (ex: 10:00 am) * *
 6. What time will your event end? (ex: 2:30 pm) * *
 7. Where will your event (or activity) take place? Address 1: * *
 8. Address Line 2 (Suite, Building, Floor etc.):
 9. City
 10. State
 11. Zip
 12. Event Planner 1's Full Name: * *
 13. Event Planner 1's Organization (Include URL if you want it listed): * *
 14. Event Planner 1's Title: * *
 15. Event Planner 1's Work Email: * *
 16. Event Planner 1's Work Phone (ex: 202-555-0000): * *
 17. In which categories does Event Planner 1 belong? (Please choose all that apply by holding down Ctrl (PC) or Command (Mac) on your keyboard and clicking multiple selections with your mouse or touchpad.) * *
- Academic Institution
 - Area Health Education Center
 - Health Department
 - HRSA Regional Office Staff
 - Primary Care Office

- Primary Care Association
- Professional Association
- NHSC Alum
- NHSC Ambassador
- NHSC Provider (Current)
- NHSC Scholar (Current)
- NHSC Site
- Office of Minority Health
- State Office of Rural Health
- Other

18. Event Planner 2's Full Name:

19. Event Planner 2's Organization (Include URL if you want it listed):

20. Event Planner 2's Title:

21. Event Planner 2's Work Email:

22. Event Planner 2's Work Phone:

23. In which categories does Event Planner 2 belong? (Please choose all that apply by holding down Ctrl (PC) or Command (Mac) on your keyboard and clicking multiple selections with your mouse or touchpad.)

- Academic Institution
- Area Health Education Center
- Health Department
- HRSA Regional Office Staff
- Primary Care Office
- Primary Care Association
- Professional Association
- NHSC Alum
- NHSC Ambassador
- NHSC Provider (Current)
- NHSC Scholar (Current)
- NHSC Site
- Office of Minority Health
- State Office of Rural Health
- Other

24. Estimated number of attendees * *

25. Do you anticipate any notable attendees of whom NHSC should be aware (e.g. politicians, political appointees, members of the media, etc.)? * *

26. Did you hold a Corps Community event (or activity) in 2014 or 2015? (Please choose all that apply by holding down Ctrl (PC) or Command (Mac) on your keyboard and clicking multiple selections with your mouse or touchpad.) * *