Form Approved OMB No. 0923-0041 Exp. Date xx/xx/201x Thank you for completing this important information about the way you are conducting outreach for the National ALS Registry. Please submit a form monthly for your chapter or district. Org Code **District or Chapter Name** Clinic, Support Group, Seminar, Other group activities # Registry # people information # people talked to helped about the sign-up for City and Activity distributed Registry the Registry Social Media and local mailings (e.g., tweet, email blast, newsletter) Activity City and State

Fundraising event (e.g., walk, golf tournament)

Type of event	Date	# attendees	Materials distributed or displayed	City and State

Total

Total

Total

Outreach calls made where the Registry was discussed

# calls City and State

Total	

CDC estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0041).