

TTC Event Description Form

Please complete this form for each event implemented or sponsored by your TTC.

Date: _____ **Location:** _____ **TTC:** _____

Event Title: _____ **Event Code No.:** _____

Total # of participants: _____

of participants consenting to follow-up: _____ Total # of Follow-up surveys sent: _____

Enter N/A for "Not applicable" if the event is less than three hours.

How many contact hours is this event? _____

For international TTCs ONLY:

Is this a PEPFAR qualifying event? ___ YES ___ NO
