

Attachment 7: TTA Program Contact Information Form

[Name of Event]
[Date of Event]
[Location of Event]

Because this meeting is federally funded, we have been asked to collect the following information from each participant. All information provided will remain confidential. Please print responses clearly.

Name: _____

Agency Name and Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work E-mail address: _____

Are you willing to be contacted for a brief,
two-month follow-up evaluation of this event?

Yes

No

If yes, what is your preferred method of contact?

E-mail

Mail