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.

Form Approved OMB No. 0923-0041 Exp. Date 01/31/2023

Org Code

**District or Chapter Name** 

Clinic, Support Group, Seminar, Other group activities

| Activity | Date | # Registry<br>information<br>kits<br>distributed | # people talked to<br>about the<br>Registry | # people<br>helped<br>sign-up for<br>the Registry | City and<br>State |
|----------|------|--|---|---|-------------------|
|          |      |  |   |   |                   |
|          |      |  |   |   |                   |
|          |      |  |   |   |                   |
|          |      |  |   |   |                   |
|          | >    |  |   |   | > <               |

Total

## Social Media and local mailings (e.g., tweet, email blast, newsletter)

| Activity | Date | # | City and State |
|----------|------|---|----------------|
|          |      |   |                |
|          |      |   |                |
|          |      |   |                |
|          |      |   |                |
|          | >    |   | $\searrow$     |

Total

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

| Type of event | Date | # attendees | Materials<br>distributed or<br>displayed | City and<br>State |
|---------------|------|-------------|--|-------------------|
|               |      |             |  |                   |
|               |      |             |  |                   |
|               |      |             |  |                   |
|               |      |             |  |                   |
|               | >    |             |  | $\ge$             |

Total

## Outreach calls made where the Registry was discussed

| # calls | City and State |  |
|---------|----------------|--|
|         |                |  |
|         |                |  |

| Total | $\geq$ |
|-------|--------|

ATSDR 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).