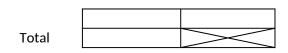
Form Approved OMB No. 0923-0041 Exp. Date 01/31/2023

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 ac	ctivities	
Activity	Date	# Registry information kits distributed	# people talked to about the Registry	# people helped sign-up for the Registry
Social Media ar	nd local mailings	leg tweet en	nail hlast newslette	-r)
Social Media ar Activity	nd local mailings Date	(e.g., tweet, en	nail blast, newslette City and State	er)
				er)
				er)
				er)
Activity	Date	#	City and State	er)
Activity		#	City and State	er)
Activity	ent (e.g., walk, go	#	City and State	City and
Activity Fundraising eve	ent (e.g., walk, go	blf tournament)	City and State Materials distributed or	City and
Activity Fundraising even	ent (e.g., walk, go	blf tournament)	City and State Materials distributed or	City and

Outreach calls made where the Registry was discussed

# calls	City and State



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).