

Arkansas Cardiovascular Health Section Progress Report

Revised 07/2006

Date of Event/Activity: _____

Name of Organization: _____

Name of Contact Person: _____

Contact Person Phone Number: _____

Name of Region/County: _____

Name of Event/Activity: _____

Purpose of Event/Activity: _____

Number Attending Event/Activity: _____

Method of Evaluation: _____

Results of Event/Activity: _____

Additional Feedback from those involved: _____

This form is due back 10 days from the last date of your event/activity.

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