



Outreach Tracking Form

Name: _____
Agency: _____
Day of Delivery/Presentation: _____
Delivered To: _____
Name of Contact: _____
Phone Number: _____
Email: _____

Please check off all that apply:

Presentation: _____
Brochures: _____ How Many: _____
Posters: _____ How Many: _____
Rx Pads: _____

Comments: _____



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