

Presenter Report Form

DPAC members please use this form to report back to DPAC the frequency with which you give this presentation. Submit this form each time you conduct this activity along with the completed evaluations you receive from presentation attendees.

Fax or mail to: Kim Walsh
Michigan Diabetes Prevention and Control Program
109 W. Michigan Ave
Lansing, Michigan 48913
Tel: 517-335-8378
Fax: 517-335-9461

Presenter Information:

Name: _____

Affiliation: _____

Address: _____

Phone: _____

Email: _____

Fax: _____

Event Information:

Presentation Date: _____

Brief Description of event (setting, audience, etc.):

Number of attendees: _____

Number of evaluations received: _____

Additional Feedback:

