

Let's Talk About HPV

Workshop Leader Summary

Please fill out the following information and return by email, fax, or mail to:

Arkansas Immunization Action Coalition
417 S. Victory Street
Little Rock, AR 72201-2923

Email: heather@immunizear.org

Phone: 1-501-831-4368

Fax: 1-501-372-0546

1. Name and address of organization hosting workshop:
2. Workshop location (city, facility):
3. Date and time of workshop:
4. Workshop Leader's name and phone number:
5. Total number of participants:
6. Were any translators used? If so, how many and what languages?
7. Please provide hard copies (or scanned copies) of the "Warm-up Activity" and "What Did I Learn?" forms for each workshop participant.
8. Any observations as an instructor? What went well? What could be improved?
9. (Optional) Do you have any quotes from or photos of participants you would like to share on the Arkansas Immunization Action Coalition website? If so, please attach with a media release form for each person pictured or quoted.

Thank you for your participation!