

Marijuana Harmless? Think Again

Event Report

Please take a moment to complete this questionnaire at the conclusion of the session. The information below will be used for informational purposes only and will assist MATFORCE in improving its services to the community.

Today's Date: _____ Presentation Location: _____

Address: _____
(Street) (City) (State) (Zip Code)

Name of Group Presenting to: _____ (e.g religious group, business, school, etc.)

Time of Presentation: _____ Length of Presentation: _____

List of Presenters:

| | | |
|--------|---------|---------------------|
| _____ | _____ | _____ |
| (Name) | (Title) | (Organization Name) |
| _____ | _____ | _____ |
| (Name) | (Title) | (Organization Name) |
| _____ | _____ | _____ |
| (Name) | (Title) | (Organization Name) |

Did the audio visual work? Yes No

How many people attended the presentation? _____ How many evaluations were distributed? _____ How many evaluations were collected? _____

Comments and suggestions on today's presentation: (For example, what needs improvement? What was successful?) _____

Name of Person Submitting Report and Date

Email, fax, or mail completed form to MATFORCE

Email matforce@cableone.net Fax (928) 708-0553 Mail 8056 E. Valley Rd., Ste. B, Prescott Valley, AZ 86314