**Presentation Report Form**

“Dose of Prevention”

Please complete this form for each presentation that you conduct in your school or community. Return this form along with the pre/post tests to:

New Jersey Department of Health
Vaccine Preventable Disease Program
PO Box 369
Trenton, NJ  08625-0369
ATTN: Erika Lobe/Jennifer Smith

Date of presentation: ________________________________

# of attendees: ________________________________

Location of presentation: ________________________________

(Example: School name; youth recreation center, etc.)

Presenter’s name: ________________________________

Presenter’s phone: ________________________________

Presenter’s email address: ________________________________

Presenter’s organization: ________________________________

Additional comments/feedback: