*We would like to receive feedback about your event. If your community held separate events for health care professionals and the community, please use separate forms for each event.*

*Thank you very much!*

**Information about the event:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
|  |
| Location (including city): |  |
|  |
| Sponsors: |  |
|  |

|  |  |
| --- | --- |
| Primary contact person: |  |
|  |
| Phone number: |  | E-mail: |  |
|  |
| Event target audience: |  | Public |  | Health care professionals |
|  |
| Total number of individuals attending: |  |
|  |
| Brief summary of event *(for example, did you use the “Someone You Love” DVD; name of speaker(s)):* |
|  |

|  |
| --- |
| Describe the evaluation you conducted and any follow up plans *(we would appreciate receiving a copy of the evaluation summary):* |
|  |

|  |
| --- |
| Describe successes and challenges during the planning and implementation of the event: |
|  |

|  |
| --- |
| Lessons learned that you would like to share with others: |
|  |

|  |
| --- |
| Assistance that would have been helpful during the planning and implementation of the event: |
|  |

*We would appreciate receiving copies of any marketing materials you used such as fliers, newspaper releases, etc. to post on the IKC website. You can send any materials to us at* immkscoalition@gmail.com*.*