*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)):* | | | | | | | | | |
|  | | | | | | | | | |

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| --- |
| 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](mailto:immkscoalition@gmail.com)*.*