

Outreach Activity Participant Information Sheet

Note: The information collected is for project evaluation purposes only.

1. I am a:					2. My ZIP code and county:			3. My email address:
<i>Check ALL THAT APPLY from the categories below.</i>					Health professionals/students and library staff : Please enter your WORK or SCHOOL ZIP code and county. General public: Please enter your HOME ZIP code and county.			VOLUNTARY: Please enter your email address if you would be willing to participate in a follow-up survey about today's session.
Health care or service provider (including health professions students)	Public health worker	Health sciences library staff member	Public / other library staff member	Member of general public (no other categories apply)	ZIP code of WORK or SCHOOL, e.g., 46202 (General public: Enter your HOME ZIP code instead)	ZIP + 4, e.g., 4525 (Optional - provide if known)	COUNTY of WORK or SCHOOL, e.g., Marion County (General public: Enter your HOME county instead)	Email address, e.g., janedoe@iupui.edu (Optional - provide if interested in participating in a VOLUNTARY follow-up survey)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

For Office Use Only:

Name of Instructor:

Date of Activity:

Time of Activity:

Form revised: August 19, 2004