

NAMI Missouri - In Our Own Voice
Presenter Report Form -- Please complete one form for each presentation
PLEASE FILL OUT ALL INFORMATION

Presenter Information

Name _____

Phone _____ Email _____

NAMI State Coordinator: Alice Kliethermes, NAMI Missouri
3405 West Truman Blvd., Suite 102, Jefferson City, MO 65109

NAMI Missouri Affiliate _____

NAMI Affiliate Coordinator (if applicable): _____

Date of Presentation: _____ (mm/dd/yyyy)

Number in Audience: _____ Number of Evaluations: _____

Number of Veterans, Active Duty or related participants: _____

Name of site where presentation was made:

Address, City, State in which presentation was made:

Language Presented in:

English Spanish Other, Specify: _____

Was the presentation held in partnership with the Veterans Administration?

Yes No

Did you actively encourage participants to become NAMI members?

Yes No

Name _____

Phone _____ Email _____

Describe the Audience:

- General Public
- Correctional Facility
- Hospital, General
- Mental Health Facility (Clients Only)
- Mental Health Facility (Staff and Clients)
- Mental Health Providers
- Peer-Run Organization
- School, K-12
- Active Military & Veterans
- Court, Legal Office
- Hospital, Psychiatric
- NAMI Event/Meeting
- Political Organization
- School, Medical or Social Work
- Faith Group
- Law Enforcement/ CIT
- Civic Group
- NAMI Family-to-Family Class
- School, College/University
- Other, Specify: _____

Comments:

Complete & submit w/ Audience Evaluations & Speaker Fee Request Form to: Alice Kliethermes, NAMI Missouri, 3405 W. Truman Blvd. #102, Jefferson City, MO 65109

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