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

Presenter Information

Name______________________________________________                Name____________________________________________________
Phone___________ Email__________________________                Phone____________________   Email__________________________

Alice Kliethermes, Director of Consumer Services, NAMI Missouri
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NAMI Missouri Affiliate ______________________________________

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, Zip Code 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

Describe the Audience:

❑ General Public
❑ Civic Group
❑ Faith Group Congregation
❑ Advocacy Political Organization
❑ School, College/University
❑ School, K-12
❑ School, Medical/Social Work
❑ Active Military & Veterans
❑ Correctional Facility
❑ Court/Legal Office
❑ Law Enforcement/CIT
❑ Hospital, General
❑ Hospital, Psychiatric
❑ Mental Health Facility, Clients Only
❑ Mental Health Facility, Staff and Faculty
❑ Peer-Run Organization
❑ NAMI Event/Meeting
❑ Other, Specify Your Own Value ___________________________

Comments:________________________________________

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Complete this form, send with Audience Evaluations & Payment Form for Speaking Fee(s) to Alice Kliethermes, NAMI Missouri at the address above.  06/24/2019 ak