

**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 _____

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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 _____

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: _____

Comments: _____

Was the presentation held in partnership with the Veterans Administration?

- Yes
- No

Did you actively encourage participants to become NAMI members?

- Yes
- No