NATIONAL SURVIVORS DAY EVENT/ACTIVITY FORM

Name of person completing form: _____

Contact Telephone Number: _____

Email Address: _____

Date(s) of Event: _____

Organization: _____

Event will be held in _____ county.

Event/Activity Name: _____

Expected Number to attend: _____

Contributing Partners: _____

How will the event/activity be promoted or advertised?

Please tell us about the event/activity:

(Please attach additional pages as necessary).

Please mail to: Sue Higgins

Email to: Sue.higgins@flhealth.gov

THANK YOU.