

Presentation Report Form

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Name:

Has any of your contact information changed? Yes No

If Yes, please list correct information:

Presentation Information

Date:

Type:

Bioterrorism Overview Agroterrorism Overview Specific Disease/Agent (please specify below) Biological Risk Mgmt (BRM) Overview BRM Specific Area (please specify below)

If Specific Disease/Agent or Area please list:

Location:

Length:

Number of people in attendance:

Audience type:

Agriculture Animal Medicine General Public Human Medicine Law Enforcement Media (please specify below) Youth

If Media please specify: Newspaper Radio TV Other

Comments/Suggestions:

Did your audience complete an evaluation form? Yes No