



Event Tracking Sheet

Name:

Phone:

Email:

Organization:

Event Date/Time/Location: (We want to know how long the event is)

Name of event:

Description of event: (health information fair, workshop, training, health promotion activity)

Is primary focus of the event 5210? Y/N

If not, how is 5210 incorporated?

- a. 5210 Informational table/booth with staff
- b. 5210 presentation
- c. 5210 materials left at a resource table

How many people do you expect to reach?

Supplies needed:

1. Banner
2. Table Cloth
3. 5-2-1-0 Brochures 4.
- 5-2-1-0 cards
5. Giveaways (lunchbox, bookmarks, buttons)