

**NLAPW, Inc.
State Association and Branch
Community Outreach Program Evaluation Form**

Name of State Association or Branch: _____

Number of Participating NLAPW Members: _____ Number of Attendees: _____

Title of Community Outreach Program: _____

Program Goals and/or Objectives: _____

Target Population: _____

Was a participation fee charged? Yes ___ No ___ Amount of fee: _____

If a fee was charged, what items or materials did it cover? _____

State Association's or Branch's Total Estimated Expenses: _____

List the Name(s) of Presenter(s). Include Titles (if applicable) and Qualifications:

Please write a brief description of the program _____

Were program evaluation forms made available to participants? Yes ___ No ___
(If program evaluation forms were made available, please include a sample.)

Presenter's Evaluation of Program: _____

Mail or fax this form to NLAPW headquarters or send as an attachment to an email:

Address: The National League of American Pen Women, Inc.
1300 Seventeenth Street, NW
Washington, DC 20036-1973
Fax Number: 202-452-6868
Email: nlapw1@verizon.net

** If available, please include copies of announcements, photos, newspaper articles, etc.*