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)