**Florida Region Nar-Anon Outreach Report**

**Member Name:**

**Group:**

**Date of Outreach Activity:**

**Type of Outreach:** Select primary type.

School  Local Police / Sheriff  State / Gov’t Agency

Treatment Facility  Hospital  Medical Facility

Clergy  Other, Describe below

**Specific Name of Organization, Institution, Department, Business or Event:**

**Contact Person Information:**

**Name:**

**Address:** Line 1:

Line 2:

City:       State:

Zip Code:

**Phone:**       **FAX:**

**E-mail Address:**

**Website URL:**

**Outcome of discussions – Select all that Apply:**

Contact Information was supplied State Meeting Lists were supplied

Local Meeting Lists were supplied  White literature was supplied

I was invited back  An outreach follow-up was requested

All of the above

Other, Describe:

**Specific Step By Step instruction below:**