**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:**