

MIDWEST EYE-BANKS
AMBASSADOR ACTIVITY TRACKING FORM

YOUR NAME: _____

DATE: _____

ACTIVITY (CIRCLE ONE):

PROGRAM/TALK

HEALTH FAIR

PRESS RELEASE

PERSONAL CONTACT

OTHER

CONTACT INFORMATION

ORGANIZATION NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

NUMBER OF PEOPLE ATTENDING: _____

WHAT INFORMATION WAS DISTRIBUTED:

HOW MANY COPIES WERE DISTRIBUTED/PLACED: _____

MEDIA OUTLETS PRESENT (CIRCLE ONE):

TV RADIO PRINT

SUBJECT OF PRESS RELEASE OR EDITORIAL AND NAME OF
MEDIA OUTLET:

PLEASE SUBMIT ACTIVITY-TRACKING REPORTS TO:

COMMUNITY OUTREACH

MIDWEST EYE-BANKS

4889 VENTURE DRIVE

ANN ARBOR, MI 48108

1-800-247-7250

FAX: 734-780-2143

