



ACTIVITY FULFILLMENT FORM

(Please submit a form for each activity)

Contact Name _____ Title _____

Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail Address _____ Website _____

1) Title of completed activity*: _____

**Please note that signing the Resolution of Respect is the first step toward earning the Community of Respect® designation and therefore cannot be counted as an activity.*

2) Description of activity (WHO, WHAT, WHEN, WHERE, HOW): _____

3) Date activity - Began: _____ Completed: _____

4) Supplemental materials:

- Photographs (with description including names of individuals and affiliations)
- PowerPoint Presentation
- Newspaper/Newsletter articles
- DVD/video tape
- Other (please specify): _____

5) Number of attendees (excluding organizers): _____

6) Name/address/phone number of organizer: _____

7) Was a press release sent out? (Please include a copy) Yes No