## Hospice Veteran Partnership of Ohio Community Outreach 2011

Please describe to us your presentation or activity. This information will help track who and how many community members we were able to reach. To be completed by presenter.

PRESENTER NAME		
PRESENTER ORGANIZATION		
DATE OF EVENT		
ORGANIZATION/LOCATION OF PRESENTATION/ACTIVITY WHAT WAS THE EVENT?	F	
NUMBER OF ATTENDEES	LENGTH OF PRESENTATION	
Type of Presentation/Event		
PINNING	OTHER (EXPLAIN BELOW)	
☐ HVP Presentation		
DESCRIPTION OF ACTIVITIES		
How did you hear about Hospice Veteran Partnership?		
Additional Comments		

Please forward the completed form by mail, fax, or email to:

Bobbi Dolan Administrative Assistant Midwest Care Alliance 855 South Wall Street Columbus, OH 43206

Phone: 614-763-0036 Fax: 614-763-0050 Email: bobbi.dolan@midwestcarealliance.org