



Post Event Evaluation Links Area Bright Smiles Community Impact Award

SITE NAME: _____ DATE OF VISIT _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ON-SITE CONTACT: _____ PHONE #: _____

EMAIL: _____

ACTIVITY	#SCREENED	#EDUCATED
<input type="checkbox"/> Colgate-Palmolive Dental Van Visit	_____	_____
<input type="checkbox"/> Educational Presentation	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Please describe the impact of your visit today. Use additional paper as needed. Please include photos, press releases, social media and/or links to videos.

Complete and submit "Post Event" form to Link Clarice Taylor chtaylor97@aol.com

Do you want this visit to be considered for Bright Smiles, Bright Futures 2019 *Community Impact Award?

(Yes or No): _____

*Submission required to be considered for Community Impact Award. Deadline: June 30, 2019.

Submitted by:

Name _____ Chapter: _____

Phone: _____ Email: _____