

## OCA Community Outreach Follow-up Form

### Outreach Event Information:

Name / Type of Event:

Date of Event:

Audience Description:

Attendee(s) #

### Materials Used:

Please specify:

### Comments / Suggestions:

### Contact Information:

Volunteer Name:

Date:

Phone:

Email Address:

**Please send to:**

**OCA**

fax: 416-860-0857 or

email: [oca@chiropractic.on.ca](mailto:oca@chiropractic.on.ca)

phone: 416-860-0070 / toll-free 1-877-327-2273, ext. 7186

