



**Reporting Form**  
**Please fax this form back to:**  
Name  
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Fax number

## Racial/Ethnic Disparities in Medical Care Discussion

Name \_\_\_\_\_

Organization \_\_\_\_\_

Location (City/State) \_\_\_\_\_

Date of Discussion \_\_\_\_\_

Number of People Participating \_\_\_\_\_

Racial/Ethnic Make-Up of Audience \_\_\_\_\_

Was the sample presentation used? If so, was it helpful? If not, why not? \_\_\_\_\_

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Was the sample discussion guide used? If so, was it helpful? If not, why not? \_\_\_\_\_

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