



Healthy Communities Coalition

Event/Activity Promotion & After-Action Form

Contact Name:		Email:	
Organization:		Phone:	
Are you...	Promoting an event/activity?	<input type="checkbox"/>	Reporting after an event/activity? <input type="checkbox"/>
Event/activity description			
Date(s)/time(s)/location(s)			
Audience and estimated attendance/reach			
Outcomes expected/achieved			
Communication strategies recommended/used			
Personnel/organizations involved			
Costs/resource needs			
Challenges/barriers			
Recommendations for future events/activities			
Other comments			