

Unnatural Causes documentary screenings

Facilitator Event Form

Facilitator name: _____

e-mail or phone number: _____

Date shown: _____

Group shown to: _____

Location: _____

Number of people attending: _____

Segment Aired:

- | | |
|--|---|
| <input type="checkbox"/> In Sickness and In Wealth | <input type="checkbox"/> Becoming American |
| <input type="checkbox"/> Bad Sugar | <input type="checkbox"/> More Than a Paycheck |
| <input type="checkbox"/> Place Matters | <input type="checkbox"/> Collateral Damage |
| <input type="checkbox"/> When the Bough Breaks | |

I have shown / will show multiple segments to this same group.

- Please distribute Feedback Forms and volunteer opportunities to participants.
- Collect forms before participants leave.
- Please return DVD and forms to Steffie Duginske as soon as possible.
Call 828-452-6675

Thank you!